	WELL F			WWC-5 e in Well Use			sion of Wate 1rces App. N			Well ID	MW-8s	
				Fraction			ion Numbe		Township Numb		ange Number	
1 LOCATION OF WATER WELL: County: Cloud				NE'4 SE 4 NE	4 NF14	Seci	20 T 8 S R 01 D E W					
2 WELL OWNER: Last Name: First:						Street or Rural Address where well is located (if unknown, distance and						
2 WELL Business	F	1	direction from nearest town or intersection): If at owner's address, check here:									
Address: PO Box 568						East end of Farmway Coop facility in Miltonvale, KS						
Address:			uninuy ooc		omy minimorrato, in	_						
City:	Beloit		asZIP: 67420									
3 LOCAT	25	25 ft. 5 Latitude: 39.34752(decimal degrees)										
WITH "		Encountered: 1)	44.	Longitude: 97.44460 (decimal degrees)								
SECTIO	3) ft., or 4)	□ Drv W	ell	Horizontal Datum: □ WGS 84 ⊠ NAD 83 □ NAD 27								
]	N	TER LEVEL:12.4	Source for Latitude/Longitude:									
			measured on (mo-da		GPS (unit make/model:)							
NW.	NE		measured on (mo-da		(WAAS enabled? Yes No)							
Pump test data: Well w				ater was								
				pumping		Online Mapper:						
				vater was								
anernours				pumping		6 Elevation:1374.14ft. ☐ Ground Level 🔼 TOC						
Estimated Yield:  S Bore Hole Diameter:				gpm								
	S			Some	Source:         ☒ Land Survey         ☐ GPS         ☐ Topographic Map           ☐ Other							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID												
1. Domestic ☐ House				g: how many wells?.		10. Oil Field Water Supply: lease						
☐ House			echarge: well ID		11. Test Hole: well ID							
Lawn		/. ∟ % [⊽	g: well ID MW-8s				al: how many bores					
2. Irrigat				l Remediation: well								
3. Feedlo			] Air Sparge									
4. Indust			Recovery			•	13. ☐ Ot	her (	specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? \( \subseteq \) Yes \( \subseteq \) No												
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded												
Casing diameter 2. in. to 15. ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to 5. ft.  Casing height above land surface 24 in. Weight lbs./ft. Wall thickness or gauge No. Sch. 40												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
TYPE OF SCREEN OR PERFORATION MATERIAL:  ☐ Steel ☐ Stainless Steel ☐ Fiberglass     ☐ PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
SCREEN OR PERFORATION OPENINGS ARE:												
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
		☐ Key Punch					ne (Open H		( <b></b> ))			
SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Grout Intervals: From												
		le contaminati		,			,					
☐ Septic	Tank		Lateral Line:	s 🔲 Pit Privy			ivestock Per	ns	☐ Insection	ide Storaș	ge	
☐ Sewer			Cess Pool	☐ Sewage L	agoon		uel Storage		☐ Abando			
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well												
☑ Other (Specify) Nitrate impacted Voluntary Clean up site  Direction from well?												
The second secon	, , , , , , , , , , , , , , , , , , ,											
10 FROM	TO		ITHOLOC		FRO	M	TO	LIT	HO. LOG (cont.) or	PLUGGI	NG INTERVALS	
0	25	Silty Clay, br	n to It. bm s	at. @~12ft								
25	,	TD										
		Notes: Above Grade completion										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged												
11 CONT	RACTOR'S	OR LANDO	WNER'S	CERTIFICATIO	N: This v	vater	well was X	co:	nstructed, 🗌 reco	nstructed	, or plugged	
under my jurisdiction and was completed on (mo-day-year) .8/9/2016												
Kansas Wa	ter Well Cor	tractor's Lice	ense No	Dob This W	ater Well	Reco	rd was com	iple	ted on (mo-day-ye	ar)!!!	1/2016	
under the b	usiness name	e of Associate	eu Environm	ental, Inc.		Sigr	nature	<u> </u>	74			
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.												
		., Suite 420, Top .gov/waterwell/ii		00012-130/. Mail one to	KSA 82			ie tor	your records. Leteph			
visit us at ntt	J.// www.kuneks	.gov/waterwell/ll	ngev'iiniii	·····	120/1 07	<u>u-141</u>	<del></del>			TEAISE	d 7/10/2015	

