	WELL R		WWC-5		vision of Water					
	Record [		e in Well Use		ources App. N		Well ID Barran Ni walan			
		ATER WELL:	Fraction		ction Number 9	Township Number	er Range Number R 27 🔲 E 📰 W			
County: Sheridan  WELL OWNER: Last Name: Niermeier  First: Dave  Street or Rural Address where well is located (if unknown, d										
Business:			i Hat. Wavo				r's address, check here:			
Address: 1552 E Rd 40N										
1.45										
City: Hoxie State: KS ZIP: 67740  3 LOCATE WELL WITH 457 15.  4 DEPTH OF COMPLETED WELL: 200 ft. 5 Latitude: (decimal)										
WITH "			(decimal degrees)							
SECTIO	N BOX:	1 -	Encountered: 1)			Longitude:(decimal degrees)				
l N	1		3) ft., or 4) [ TER LEVEL:			Horizontal Datum: WGS 84 NAD 83 NAD 27 Source for Latitude/Longitude:				
			, measured on (mo-day			GPS (unit make/model:) (WAAS enabled? Tyes No)				
NW	NE		, measured on (mo-day-							
			vater was 1			☐ Land Survey ☐ Topographic Map				
W	E		s pumpingvater was		Oı	Online Mapper:				
SW	SE		s pumping							
	لــــــــــــــــــــــــــــــــــــــ	Estimated Yield:	gpm			6 Elevation:ft. Ground Level TOC				
1 n	S		8.5 in. to 200		Source	Source:				
			in. to	ft.		Other				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID										
☐ Housel		6. ☐ Dewaterin	ng: how many wells?	************************	11. Test Hole: well ID					
Lawn d		7. 🔲 Aquifer R	echarge: well ID		☐ Ca	☐ Cased ☐ Uncased ☐ Geotechnical				
Livesto			g: well ID			ermal: how many bores				
2. ☐ Irrigati 3. ☐ Feedlo		9. Environment Air Sparg	al Remediation: well II			osed Loop    Horizont				
4. Industr		☐ Recovery		Extraction			irface Discharge  Inj. of Water			
4. Industrial Recovery Injection 13. Other (specify):										
Water well	disinfected?	Yes No	inten to KDRE:	res No	ii yes, date	sample was submitte	d:			
			C [] Other	CASI	NG IOINTS:	Glued Clamped	d Welded Threaded			
Casing diam	eter 4.5.	in. to 200 ft.	Diameter	in. to	ft., Diam	eter in. to	ft.			
Casing heigh	nt above land	surface18 it	n. Weight2.5	lbs./ft.	Wall thick	ness or gauge No0.24	ł8			
1		R PERFORATION MA								
☐ Steel	☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)									
		ATION OPENINGS A	RE. INONE	isea (open no	ie)					
	nuous Slot			orch Cut 🖂	Drilled Holes	Other (Specify)				
☐ Louve	red Shutter	☐ Key Punched ☐ W	/ire Wrapped Sa	ıw Cut	None (Open H	ole)				
SCREEN-F	PERFORAT	ED INTERVALS: From	n . 20 ft. to .200	ft., From	ft. to	ft., From	ft. to ft.			
G	RAVEL PA	CK INTERVALS: From	n 0 ft. to 20	ft., From	ft. to	ft., From	ft. to ft.			
9 GROUT	MATERIA	L: Neat cement 0 ft. to 20	Cement grout 📕 Be	entonite [	Other					
Nearest son	ais: From		π., From	tt. to	ft., From	It. to	tt.			
Septic		Lateral Line	es Pit Privy	r	Livestock Per	ns 🗆 Insectio	cide Storage			
☐ Sewer	Lines	☐ Cess Pool	☐ Sewage La		Fuel Storage	•	oned Water Well			
	ight Sewer Li				Fertilizer Sto	rage	ell/Gas Well			
☐ Other (Specify)  Direction from well?										
10 FROM	TO	LITHOLO		FROM			r PLUGGING INTERVALS			
0		Surface		94		Fine to med sand w				
2	The state of the s	Loess	Attivities and commission of commission and an experience of the commission of the c	101		Clay & caliche	, oray or outforth			
25	39	Fine to some med sa	nd w/ clay str	115		ine to some sand v	w/ clay & caliche			
39	51	Clay & caliche		131	134	Clay & caliche				
51		Sandy clay		134		ine to med sand				
69		Fine sand w/ clay & c	aliche	139	145	Clay w/ caliche str	The state of the s			
80		Cemented sand Notes:								
84 88										
88 94 Clay & caliche 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ■ constructed, □ reconstructed, or □ plugged										
under my jurisdiction and was completed on (mo-day-year), 6/5/15 and this record is true to the best of my knowledge and belief.										
Kansas Wa	Kansas Water Well Contractor's License No. 838 This Water Well Record was completed on (mo-day-year) 6/25/15									
under the b	usiness nam	e of D&R Pump Sen	/ICe, LLC.	mana D			L. OWER C			
under the business name of D&R Pump Service, LLC.  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.										
Visit us at http	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/2015									

4×1

	WELL R			WWC-5			ision of Wa					
	l Record			e in Well Use			urces App.			Well ID		
		ATER WEI	L:	Fraction			tion Numb	er	Township Numb		nge Number	
	<sub>y:</sub> Sheridan	W ½	<i>N</i> ¼ SE ¼ 9 T 8 S R 27 □ E									
		ast Name: Nie	rmeier	First: Dave					ere well is located			
Business: direction from nearest town or intersection): If at owner's address, check h									check here:			
Address: 1552 E Rd 40N Address: 1671 from E line, 2474 from S line												
City: Hoxie State: KS ZIP: 67740												
3 LOCATE WELL								***********				
WITH "X" IN SECTION ROX. Depth(s) Groundwater Encountered: 1)												
SECTIO	N BOX:											
1	1		2) ft. 3) ft., or 4) Dry Wei				Hori	zonta	<u>l Datum:</u> □ WGS 8	4 🗆 NAD	83 \( \sup \text{NAD 27} \)	
		WELL'S STATIC WATER LEVEL:							· Latitude/Longitude			
27777	NE	above land surface, measured on (mo-day-yr)							unit make/model:			
NW	NE	Pump test data: Well water was ft.					1		WAAS enabled?			
w	E	after hours pumping gpn						Survey 🔲 Topogr e Manner:	ograpine iviap			
'	·/N	Well water was ft.				ft.	· · ·	Omm	с таррог		***************************************	
SW	SE	after	after hours pumping gpm				No. 1				No.	
		Estimated Yield:gpm				6 Elevation:						
Į.	S	Bore Hole I	Bore Hole Diameter:8.5 in. to200							urvey GPS Topographic Map		
	nile	N FART FLOWER		in. to		ft.		L_	Omer			
1. Domestic		BE USED		4au C1	n		10 1	\ 11 m'	11337.7 0 1 1			
1. Domestic		3. <u>∟</u> 6. m	J Public Wa I Dewataria	ter Supply: well II	ບ ອາ	•••••	10. [] (	J11 F16 - 1.11-	eld Water Supply: le	ease		
Lawn			6. Dewatering: how many wells?									
Livest		8. F	<ul><li>7. ☐ Aquifer Recharge: well ID</li><li>8. ☐ Monitoring: well ID</li></ul>									
2. Irrigat		9. E	nvironmenta	l Remediation: w	ell II	D			l Loop   Horizon			
3. Feedlo			] Air Sparge						Loop Surface Di			
4. 🗌 Indust	rial		☐ Recovery ☐ Injection					13.  Other (specify):				
Was a che	mical/bacte	riological sar	nple subm	itted to KDHE?	7	Yes No			mple was submitte			
Water well	disinfected?	Yes 🗌	No	TOTAL TO AREA AREA.	اا	105 2 10	11 500, aa	ico su	mpre was saomia	/M	***************************************	
				C 🖂 Other	**********	CASI	JG IOINT	· C ·	Glued  Clampe	I [] Walde	d [] Threeded	
Casing dian	eter 4.5	in. to	200 ft.	Diameter		in to	ft Dia	meter	in to	fi fi	u 🗀 rincaded	
Casing heigh	nt above land	surface	.18 in	. Weight	2.5	ž lbs./ft.	Wall this	cknes	s or gauge No0.24	18		
TYPE OF	SCREEN OF	R PERFORAT	TION MA	ΓERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass ■ PVC ☐ Other (Specify)												
Brass		vanized Steel	Conc		one i	used (open hole	e)					
		ATION OPE										
	nuous Slot	☐ Mill Slot		uze Wrapped	] T	orch Cut 🔲 D	rilled Holes	s 🔲	Other (Specify)			
Louve	ered Shutter	☐ Key Punc	hed ∐ W	ire Wrapped	Sa	aw Cut 🔲 N	lone (Open	Hole)				
SCREEN-I	PANEL DA	ED INTERV	ALS: From	1 . 49 ft, to . 4	 	ft., From .	ft.	to	ft., From	ft. to	› ft.	
O CDOUT	RAVELPA	CK INTERV	ALS: From	1 9 ft. to	4.0	ft., From .	ft.	to	ft., From	ft. to	) ft.	
Grant Intern	. IVIA IEKIA	NE:   Neat	cement [	Cement grout	B	entonite LIC	ther	• • • • • •	ft. to			
Negreet con	ais: From	× π. το le contaminati	) . <del></del>	. II., From		It. to	ft., Fron	n	ft. to	ft.		
Septic			ton: Lateral Line	s □ Pit Pri	w	Г-1	Livestock P	ano	[] Incasti	cide Storag	2	
Sewer			Cess Pool	☐ Sewag			Fuel Storag			oned Water		
☐ Watert	ight Sewer Li	nes 🔲 :	Seepage Pit	☐ Feedy:	ard	$\Box$	Fertilizer St			ell/Gas Wel		
Other (	Specify)			· · · · · · · · · · · · · · · · · · ·				-				
Direction fro	m well?			Distance fro	m w	/ell?			ft			
10 FROM	TO		LITHOLOG			FROM	TO	LIT	THO. LOG (cont.) o	r PLUGGIN	IG INTERVALS	
145		Fine sand w										
160		Fine to some	e med sar	nd					***************************************			
175		Clay										
179		Fien to med		ravel								
190		Yellow ochre	9				W. C					
194	200	Black shale					***************************************					
		90.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0 0.0		98-delinahi barraman manan meneranya manangan meneranya kanan dan dan dan dan dan dan dan dan dan		Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged												
Kansas Wa	under my jurisdiction and was completed on (mo-day-year) .6/5/.15											
under the h	usiness nam	e of D&R P	ump Servi	ice. LLC	s W	aici well Kec	oru was co	mpi	tied on (mo-day-y	ear) .0120	.u	
Mail	1 white copy ale	ong with a fee of	\$5.00 for eac	h constructed well to	: Ka	nsas Department	of Health and	d Env	ironment. Bureau of W	ater, GWTS	Section	
1000	SW Jackson S	t., Suite 420. Tor	oeka, Kansas	66612-1367. Mail or	ne to	Water Well Own	ner and retain	one fo	or your records Teleni	none 785-296	-5524.	
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.  Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 1/20/2015												