NE/4 of SE/4 of NW/4 of S27, T6S, R11W

WATER WELL RECORD Form WWC-5

Division of Water Resources App. No. ____ Well ID ____

☐ Original Record ☐ Correction ☐ Change in Well Use

1 LOCATION OF WATER WELL: County: Osborne | Fraction: NW ¼ ¼ ¼ | Section Number: 27 | Township Number: T 6 S | Range Number: R 11 ☐ E ☒ W

2 WELL OWNER: Last Name: Schoen First: Bruce
Business:
Address: 1001 Prentiss Street
Address:
City: Downs State: KS ZIP: 67437

Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: ☒

3 LOCATE WELL WITH "X" IN SECTION BOX: N / W / E / S; NW, NE, SW, SE; |---------1 mile---------|

4 DEPTH OF COMPLETED WELL: 40 ft.
Depth(s) Groundwater Encountered: 1) 23 ft. 2) ____ ft. 3) ____ ft., or 4) ☐ Dry Well
WELL'S STATIC WATER LEVEL: 23 ft.
☒ below land surface, measured on (mo-day-yr) 10-27-26
☐ above land surface, measured on (mo-day-yr) ____
Pump test data: Well water was 25 ft. after 1 hours pumping 10 gpm
Well water was ____ ft. after ____ hours pumping ____ gpm
Estimated Yield: ____ gpm
Bore Hole Diameter: 10 in. to 10 ft. and 9 in. to 40 ft.

5 Latitude: 39.504996 N (decimal degrees)
Longitude: -98.537399 W (decimal degrees)
Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27
Source for Latitude/Longitude:
☒ GPS (unit make/model: Iphone) (WAAS enabled? ☐ Yes ☐ No)
☐ Land Survey ☐ Topographic Map
☐ Online Mapper: ____

6 Elevation: 1483 ft. ☐ Ground Level ☐ TOC
Source: ☐ Land Survey ☒ GPS ☐ Topographic Map ☐ Other ____

7 WELL WATER TO BE USED AS:
1. Domestic: ☐ Household ☒ Lawn & Garden ☐ Livestock
2. ☐ Irrigation
3. ☐ Feedlot
4. ☐ Industrial
5. ☐ Public Water Supply: well ID ____
6. ☐ Dewatering: how many wells? ____
7. ☐ Aquifer Recharge: well ID ____
8. ☐ Monitoring: well ID ____
9. Environmental Remediation: well ID ____ ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection
10. ☐ Oil Field Water Supply: lease ____
11. Test Hole: well ID ____ ☐ Cased ☐ Uncased ☐ Geotechnical
12. Geothermal: how many bores? ____ a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water
13. ☐ Other (specify): ____

Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted: ____
Water well disinfected? ☐ Yes ☐ No

8 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other ____ CASING JOINTS: ☒ Glued ☐ Clamped ☐ Welded ☐ Threaded
Casing diameter 5 in. to 40 ft., Diameter ____ in. to ____ ft., Diameter ____ in. to ____ ft.
Casing height above land surface 13 in. Weight ____ lbs./ft. Wall thickness or gauge No. 1/4"

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NOV 04 2026
BUREAU OF WATER

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) ____
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)

SCREEN-PERFORATED INTERVALS: From 20 ft. to 40 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.
GRAVEL PACK INTERVALS: From 15 ft. to 40 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☒ Bentonite ☐ Other ____
Grout Intervals: From 1 ft. to 15 ft., From ____ ft. to ____ ft., From ____ ft. to ____ ft.

Nearest source of possible contamination:
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well
☒ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well
☐ Other (Specify) ____
Direction from well? NW 25' Distance from well? ____ ft.

10 FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS
0	23	Black dirt			
23	35	sand & gravel mix			
35	40	Dark clay			

Notes: casing has top cap finish with pump in Spring

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) 9-30-26 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. ____ This Water Well Record was completed on (mo-day-year) 10-28-26 under the business name of ____ Signature B Schoen

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://www.kdheks.gov/waterwell/index.html KSA 82a-1212 **Revised 7/10/2015**