WATER WELL RECORD Form WWC-5			Divis	sion of Water		MW-4RR	
	ginal Record		Resources App. No.			- Well ID -	
1 LOCATION OF WATER WELL: Fraction			Section Number Township Number Range Number				
County: Wyar	odotte	1/4 1/4 2 1/4					
2 WELL OWNER: Last Name: Business: Union Pacific RR First: 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:							
Business: Union P	acitic KK						
Address: 1716 Do	dge St.	- 10.00	•		d. between	29'= and	
City: Omaho	State: N	E ZIP: 68179	31st Str				
3 LOCATE WELL	4 DEPTH OF CO	OMPLETED WELL: .	17 8	5 Lotitud	a 39.0710	45 (decimal degrees)	
WITH "X" IN		er Encountered: 1)		Langit	de -94.614	(decimal degrees)	
SECTION BOX:	2) ft.		Horizon	Horizontal Datum: WGS 84 NAD 83 NAD 27			
	WELL'S STATIC V	ft.	Source	Source for Latitude/Longitude:			
		ace, measured on (mo-day-		Source for Latitude/Longitude: Garmin electric			
NW NE X	above land surface, measured on (mo-day-yr)			(WAAS enabled? Yes □ No)			
		l water wasf		☐ Land Survey ☐ Topographic Map			
W E			□ Un	Online Mapper:			
SW SE	Well water was						
	Estimated Yield:gpm			6 Elevation:ft. Ground Level TOC			
S	Estimated Yield:				Seurce:		
1 mile in. to ft. Other							
7 WELL WATER TO		Water Curreless and ID		10 🗆 0''	Field W-+ C1-	longo	
1. Domestic: Household		Water Supply: well ID				lease	
☐ Lawn & Garden	6. ☐ Dewatering: how many wells?						
Livestock	7. Aquifer Recharge: well ID			12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well 1D			a) Closed Loop			
3. Feedlot	☐ Air Spa		Extraction			oischarge Inj. of Water	
4. Industrial	☐ Recove						
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 X PVC ☐ Other							
Water well disinfected?							
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							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
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?		Distance from w	L M	Knows			
10 FROM TO		OGIC LOG	FROM			t. or PLUGGING INTERVALS	
0 15	fill Ellhor	OGIC LOG	TROM	10 1	ATTIO, LOG (CORL)	MI LOUGING INTERVALS	
1.5 12.5	Sand						
12.5 17	Sand						
							
			- 				
	, ,						
			Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, I reconstructed, or I plugged under my jurisdiction and was completed on (mo-day-year)							
Wansas Water Well Co	ing was completed or	(mo-day-year) This w	aler Well Dec	ord was com	neted of the pest of the	vear) 4-19-19	
under the business nam	ne of 13Plow Care	and Surface	Local Well Rec	nature	an KHA	······································	
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, GW 15 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-121						Revised 7/10/2015	