WATER WELL RECORD Form WWC-5						Division of Water						
Original I				e in Well Use		sources App			Well ID			
1 LOCATION OF WATER WELL: Fraction County: MIAMI Fraction NW 1/4 SE 1/4 SE 1/4 SV							tion Number Township Number Range Number T 15 S R 25 ■ E □ W					
2 WELL OWNER: Last Name: HUTCHINGS First: JOEL Street or Rural Address where well is located (if unknown, distance and												
Business: direction from nearest town or intersection): If at owner's address, check here:												
Address: 22250 CANTERBURY Address:												
City: BUCYRUS State: KS ZIP: 66013												
3 LOCATE					400	A		38 72479	22			
	WITH "X" IN SECTION BOY. Depth(s) Groundwater Encountered: 1)0											
	3ECTION BOA. 2) 0 0 0 1 1 1 Dec					Hot	ngitud	1 Datum: □ WGS 84	עמע □ א	(decimal degrees)		
WELL'S STATIC WATER LEVEL:					ft.	Source for Latitude/Longitude:				65 LI NAD 21		
	1		below land surface, measured on (mo-day-yr									
NW	- NE		□ above land surface, measured on (mo-day-yr Pump test data: Well water was					WAAS enabled?		lo)		
w - -	- $+$ $ +$ $ -$		after hours pumping				Land Survey Topographic Map Online Mapper:					
	'		ft.	Chine Mapper								
SW	SE	after	. gpm	6 Florestion: A D County of D TOC								
		Estimated Y Bore Hole I		6 Elevation:ft. ☐ Ground Level ☐ TO Source: ☐ Land Survey ☐ GPS ☐ Topographic Ma								
S 1 mil	le	Bore Hole L										
mile in. to ft. Uther												
1. Domestic: 5. Public Water Supply: well ID												
	☐ Household 6. ☐ Dewatering: how many wells?											
· —	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID							☐ Uncased ☐ €				
2. Irrigation	□ Livestock 8. □ Monitoring: well ID					12. Geothermal: how many bores?						
3. Feedlot	ш		Air Sparge									
4. Industria	ત્રી		Recovery					(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 HD POLY CASING IOINTS: ☐ Glued ☐ Clamped ■ Welded ☐ Threaded												
Casing diameter1 in. to400 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface36 in. WeightSDR11 lbs/ft. Wall thickness or gauge No160.PSI												
Casing height above land surface 36 in. Weight SDR11 lbs./ft. Wall thickness or gauge No. 160.PSI												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)												
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 Grout Intervals: From 400 ft. to 3 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?												
10 FROM	ТО		ITHOLOG		FROM	ТО		THO. LOG (cont.) or		GINTERVALS		
0 8		SOIL/CLAY			1	1	1		- 200011	O MALDICA ALLO		
8 2	24	LIME	240-245									
24 9		SHALE	245-260		400	3	2-4	00' BORES PLU	GGED W	TH		
			260-400	SHALE				SH SOLID BENT				
		SHALE										
		LIME			-	1						
128 160 SHALE Notes:												
160 205 LIME 205 221 SHALE												
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged												
under my juri	isdiction a	nd was compl	eted on (m	o-day-year) .12/21	/20.16 an	d this recor	d is tr	ue to the best of my	v knowled	ge and helief		
	r Well Cor	stractor's Lice	ense No. 5	61 This V.	ater Well R	ecord weer	mml	eterthon (mo-day-ye	ear) 12/22	72016		
under the bus	siness name	e of EVANS	ENERG!	CDEVELOPMEN h constructed well to: K	L.UNC	Signature).	Al	74				
1000 S	W lackson S	Suite 420 To-	eka Kansas	66612-1367 Mail one to	Insas Departme	nt of Health a	nd Envi	ronment, Bureau of Wa	ater, GWTS S	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												