

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

1 LOCATION OF WATER WELL:
 County: Chase Fraction SE 1/4 SW 1/4 SW 1/4 SE 1/4

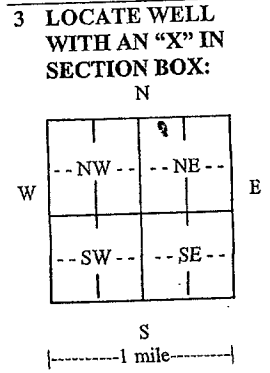
Section Number 23 Township No. T 19 S Range Number R 7 E W

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .

Global Positioning System (GPS) information:
 Latitude: 38.387902 (in decimal degrees)
 Longitude: -96.624155 (in decimal degrees)
 Elevation:
 Datum: WGS 84, NAD 83, NAD 27

2 WATER WELL OWNER: Bob Mushrush Trust
 RR#, Street Address, Box #: Elmdale, KS
 City, State, ZIP Code :

Collection Method:
 GPS unit (Make/Model: I phone)
 Digital Map/Photo, Topographic Map, Land Survey
 Est. Accuracy: <3 m, 3-5 m, 5-15 m, >15 m



4 DEPTH OF COMPLETED WELL 20 ft.
 Depth(s) Groundwater Encountered (1)..... ft. (2)..... ft. (3)..... ft.
 WELL'S STATIC WATER LEVEL 35 ft. below land surface measured on mo/day/yr.....
 Pump test data: Well water was..... ft. after..... hours pumping..... gpm
 EST. YIELD..... gpm. Well water was..... ft. after..... hours pumping..... gpm
 Bore Hole Diameter 2.4 in. to..... ft., and..... in. to..... ft.
 WELL WATER TO BE USED AS: Public water supply Geothermal Injection well
 Domestic Feedlot Oil field water supply Dewatering Other (Specify below)
 Irrigation Industrial Domestic-lawn & garden Monitoring well
 Was a chemical/bacteriological sample submitted to Department? Yes No
 If yes, mo/day/yr sample was submitted.....
 Water well disinfected? Yes No

5 TYPE OF CASING USED: Steel PVC Other
 CASING JOINTS: Glued Clamped Welded Threaded
 Casing diameter in. to..... ft., Diameter in. to..... ft., Diameter in. to..... ft.
 Casing height above land surface..... in., Weight lbs./ft., Wall thickness or gauge No.

TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify)
 Brass Galvanized Steel None used (open hole)
SCREEN OR PERFORATION OPENINGS ARE:
 Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)
 Louvered shutter Key punched Wire wrapped Saw cut Other (specify)
SCREEN-PERFORATED INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.
GRAVEL PACK INTERVALS: From..... ft. to..... ft., From..... ft. to..... ft.
 From..... ft. to..... ft., From..... ft. to..... ft.

6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other
 Grout Intervals: From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft., From..... ft. to..... ft.

What is the nearest source of possible contamination:
 Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)
 Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well
 Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well
 Direction from well Distance from well

FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHO. LOG (cont.) or PLUGGING INTERVALS

7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 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) 1-29-17
 under the business name of Bob Mushrush Trust by (signature) Bob Mushrush

INSTRUCTIONS: Use typewriter or ball point pen. **PLEASE PRESS FIRMLY** and **PRINT** clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at <http://www.kdheks.gov/waterwell/index.html>.