WATER WELL RECORD Form WWC-5						Division of Water				MW-19										
	Original Record Correction Change in Well Use				Resources App. No.			Well ID												
	LOCATION OF WATER WELL: Fraction						ction Number Township Number Range Numb													
County: Coffey						1 5 12 17														
2 WELL OWNER: Last Name: Rogers Oil First: Business:						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:														
	Address: 602 Main St.						direction from hearest town of micesection). If at owner's address, check here.													
Address:																				
City:	Gridley		State: KS	ZIP: 66852																
3 LOCAT		4 DEPTH	OF COM	IPLETED WELL: .	13 ft. 5 Latitude: 38.097797(decimal degrees)															
1	ON BOX:		Encountered: 1)	ft. Longitude:95.884508(decimal degrees)																
1	N	2)	3) ft., or 4) [75 .				83 🗆 NAD 27												
IXI	WELL'S STATIC WATER LEVEL:1.1 below land surface, measured on (mo-day)					/5ft. yr)9-22-17 GPS (unit make/model:														
-	above land surface, measured on (mo-day					T)														
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map														
w	E	after	after hours pumping				■ Online Mapper: Google Earth													
sw	SE	Well water was ft. afterhours pumpinggp.																		
		mm		6 Elevation: 1136ft. Ground Level TOC																
	S	iameter:	8.25 in. to ./3	ft and Source: Land Survey GPS Topograph					opographic Map											
mile cher Google Catti																				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID																				
1. Domestic																				
	& Garden	6. ☐ Dewatering: how many wells? 7. ☐ Aguifer Recharge: well ID																		
☐ Livest		8.	 7. ☐ Aquifer Recharge: well ID				12. Geothermal: how many bores?													
2. 🔲 Irrigat				al Remediation: well ID				Loop Horizont												
· —	. Feedlot Air Sparge Soil Vapor Extr						b) Open Loop Surface Discharge Inj. of Water													
4. Industrial Recovery Injection 13. Other (specify):																				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:																				
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other																				
Casing diameter 2 in. to ft. Diameter in. to ft. Diameter in. to ft.																				
Casing diameter																				
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 .3																				
GRAVEL PACK INTERVALS: From																				
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other																				
				. n., From	τ. το	n., Proi	n	п. то	n.											
Nearest source of possible contamination: Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage																				
☐ Sewer	Lines	_	ess Pool	☐ Sewage Lag		Fuel Storag		☐ Abando	ned Water	Well										
☐ Watert	ight Sewer Li		eepage Pit	☐ Feedyard	[] Fertilizer S	torage	Oil Wel	l/Gas Well											
Other (Specify) Trust Fund site U3-016-12642																				
10 FROM	TO		THOLOG		FROM	TO		HO. LOG (cont.) or	PLUGGIN	GINTERVALS										
0		Top Soil																		
0.5	13	Clay, brown-l	brown, s	some LS grvl @10'																
13	TD /	Auger refusal	on bedro	ock																
						ļ	-													
					Notes	<u> </u>	L													
					Notes:															
					-															
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) 8-14-17																				
Kansas Wa	ter Well Co	ntractor's Lice	nse No. 5	B5 This Wat	er Well R	cord was co	ppple	ted on (mo-day-ye	ar) 9-26	7										
under the b	usiness nam	e of ASSOCIAT	5 00 for each	onmental, Inc.	as Danastur	ignature	d En	Albert for	tar CUTO O	action										
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.																				
								7 - C		Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										