			WWC-5		ision of Water			
			ge in Well Use		urces App. No.		Well ID	
1 LOCA	TION OF V	VATER WELL:	Fraction SE1/4 NW 1/4 SW 1/4	II.	tion Number	Township Numb		
		GK Butler	17	T 27 S	R 3 BE W			
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								
Business: WILLCO CONSTRUCTION Address: PO BOX 914  direction from nearest town or intersection): If at owner's address, check							's address, check here:	
Address:		914	,		KECREST DR			
City:	ANDOVE	R State: KS	ZIP: 67002	ANDOVER,	KS			
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:72					T			
WITH "		4 DEPTH OF CO	MPLETED WELL: 2	/.4 ft	1		(decimal degrees)	
SECTIO	ON BOX:		Encountered: 1)3					
1	N		3) ft., or 4) [					
		below land surface	WELL'S STATIC WATER LEVEL: 33 ft. below land surface, measured on (mo-day-yr).03/02/20			Source for Latitude/Longitude:  GPS (unit make/model:)		
, NW	NE	above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)			
114	1 NE	Pump test data: Well water was			☐ Land Survey ☐ Topographic Map			
w	E	after hours pumping gpm			Online Mapper:			
	X- SE	Well water was ft.						
sw	7-SE	after hour	rs pumping	gpm	6 Florestion: A County of Too			
		Estimated Yield:14gpm			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
1	S	Bore Hole Diameter:9.5 in. to72 ft. and			Other			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID								
1. Domestic	Domestic: 5. ☐ Public water supply: well blooms and blooms and blooms. Supply: well blooms are supply: well blooms. Blooms are supply. Blooms are supply. Blooms are supply. Blooms are supply: well blooms. Blooms are supply.							
	noiu & Garden				☐ Cased ☐ Uncased ☐ Geotechnical			
Livest		8.  Monitori				nal: how many bores		
	2. ☐ Irrigation 9. Environmental Remediation: well				a) Closed Loop  Horizontal  Vertical			
3. Feedlo		☐ Air Sparg			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:								
Water well disinfected? Yes No								
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other								
Casing diameter								
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								
☐ 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								
Nearest source of possible contamination:								
☐ Septic		Lateral Lin	es	П	Livestock Pens	□ Insectio	ride Storage	
□ 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? ft.								
10 FROM	TO	LITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS	
0		TOP SOIL						
1		CLAY						
16		LIMESTONE						
37		SALT SHALE	,					
55	72	SHALE						
	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) .03/02/2016 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 884 This Water Well Record was completed on (mo-day-year) 04/05/2016  under the business name of WENINGER DRILLING. LLC								
under the h	uciness nem	nuacior's License No. !	SHLING LIC	ner well Kec	ord was compa	la \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ar) xwww.av.tv	
Mail	1 white copy al	ong with a fee of \$5.00 for ea	ich constructed well to: Kar	nsas Department	of Health and Env	ironment. Bureau of W	ater, GWTS Section	
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								