	WATER WELL RECORD Form WWC-5					Division of Water				
	nal Record	Correction	Change in	Well Ust		lesources App. No.		Well ID	MW5	
1 LOC Count	ATION OF W y Butler	ATER WELL	:	Fraction NE 4 NE 4		Section Num	ber Township Nur T 29		Number	
	L OWNER: La			First:	NW ¼ NW					
	Business: Casey's Retail Company					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:				
Addre						3 S. Hwy 77, Douglass, KS				
Addre City	ss: Anko	env St	ate: IA	ZIP: 50021						
	ATE WELL	4 D	EPTH OF CO	MPLETED WELL:	26.5 ft	5 Latitude			cimal degrees)	
1	I "X" IN	Depth(s)	Groundwater E	Encountered: 1)	ft	Longitud	***************************************		cimal degrees)	
SECI	SECTION BOX:     2)     ft     3)     ft, or     4)       N     WELL'S STATIC WATER LEVEL:     17					Dry Well Horizontal Datum X WGS 84 NAD 83 NAD 27   52 ft. Source for Latitude/Longitude:				
x	X below land surface, measured on (mo-data						(unit make/model:	-	)	
	- NW - NE NE Above land surface, measured on (mo-da						(WAAS enabled? Yes No)			
	Pump test data: Well water was					X Land	Survey Topog	raphic Map		
w		E af	ter ho	urs pumping ater well was	gpm		ie Mapper			
SW	SE -	af		urs pumping	gpm	6 Elevation	1212.82 ft	Ground L	evel X TOC	
SW	Estimated Yield:					SourceX	Source X Land Survey GPS Topographic Map			
		Bore	Hole Diameter:	7.25 in to	ft, and		] Other			
	S 1 mile	1		in to						
7 WELL WATER TO BE USED AS:										
1 Domestic:			ublic Water Sur				Water Supply: leas	e		
House	& Garden		ewatering: hov quifer Recharge			11 Test Hole: w		Contorbuig		
			fonitoring: well			Cased Uncased Geotechnical				
2 Irriga	Irrigation 9 Environmental Remediation: well ID a) Closed Loop Horizontal Vertical								al	
	3 Feedlot Air Sparge Soil Vapor Extraction						b) Open Loop Surface Discharge Inj. of Water			
4 Indus	trial		ecovery	Injection		Other (st	ecify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes X No If yes, date sample was submitted:										
Water well disinfected? Yes X No										
8   TYPE OF CASING USED:   Steel   X   PVC   Other   CASING JOINTS:   Glued   Clampled   Welded   X   Threaded     Casing diameter   2   in.   to   11.5   ft,   Diameter   in.   to   ft,										
Casing height above land surface -0.52 in. Weight lbs./ft. Well thickness or gauge No										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
Steel Stainless Steel Fiberglass X PVC Other (Specify)										
Brass Galvanized Steel Concrete tile None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:										
Continuous Slot X 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 11.5 ft. to 26.5 ft, From ft. to ft, From ft. to ft,									ft,	
	VEL PACK IN				From	ft. to	ft, From	ft. to	fi,	
9 GROUT MATERIAL: Cement Cement grout X Bentonite X Other Concrete: 0-0.5'										
Grout intervals: From 0.5 ft. to 9.5 ft, From ft. to ft, From ft. to ft, Searcest source of possible contamination:										
	e Tank	<u> </u>	ateral Lines	Pit Privy		livestock Pens	Insecticide	Storage		
	r Lines		ess Pool	Sewage Lagoo		Fuel Storage		d Water Well		
Water	rtight Sewer Line	s 🔲 S	eepage Pit	Feedyard		Fertilizer Storage	Oil Well /	Gas Well		
Direction from well? E Distance from well? ~40 ft										
	T			Distance from			ft			
10 FROM 0	10 0.8	Concrete	LITHOLOG	HC LOG	FRO	M TO	LITHO. LOG (co	nt.) or PLUGGIN	IG INTERVALS	
0.8	++-	Gravel, soil fill								
3		Silty clay								
19	26.5	Silty clay with ab	undant silt	0.0.1011 OTTAGE			· · ·			
							General Store #3758			
	Target of monitoring well is shallow groundwater, <20' of grout was installed at the direction of KDI-IE.									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, reconstructed, or plugged under my										
jurisdictio	n and was compl	eted on (mo-day	-year) 2/1	3/20 and this record	is true to the be	st of my knowledge				
License N			Water Well Reco	ord was completed on (	mo-day-year) <u>3</u>	/5/20		$\leq 1$	<b>X</b>	
	business name o Mail 1 white			ch constructed well to: K		Signature	nent Bureau of Water	. Of 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, or 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										

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