WATER	WELL I	RECORD	Form \	WWC-5		Divis	ion of Water			MW4	
		Correction		e in Well Use			rces App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction	Section Number Township Numb					nge Number		
Count	y: Cowley									E D W	
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: Caseys #1822 Address: 219 W. 9th St. direction from nearest town or intersection): If at owner's address, check here:											
Address: 219 VV. 9til St.											
City:	Winfield		State: KS	ZIP: 67156	1						
3 LOCAT		4 5555			20		I	27 2200	10		
WITH "Y" IN 4 DEPTH OF COMPLETED WELL: AV II. 5 Latitude:											
Depth(s) Groundwater Encountered: 1)								160	.(decimal degrees)		
1	N	WELL'S ST	ratic wa	TER LEVEL:1	5.29 m	CH		tal Datum: WGS 8		83 LI NAD 27	
		below 1	and surface	, measured on (mo-da	v-vr). 11/	3/18	Source for Latitude/Longitude: GPS (unit make/model:)				
NW	NE			, measured on (mo-da			""	(WAAS enabled? ☐ Yes ☐ No)			
 				ater was			Lan	■ Land Survey ☐ Topographic Map			
w	E	after			pumping gpm			ine Mapper:			
sw	SE	vater was									
		Fetimated V	nour	pumping gpm 6 Elev			6 Elevation	vation: 1127.34 Ground Level TOC			
\ \	S Bore Hole Diameter:				gpm 8.5in. to20 ft. and			Source: Land Survey GPS Topographic Map			
mile Other								☐ Other			
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. Public Water Supply: well ID											
☐ Household 6. ☐ Dewaterin				g: how many wells?			11. Test Hole: well ID				
☐ Lawn & Garden 7. ☐ Aquifer R				echarge: well IDg: well ID			☐ Cased ☐ Uncased ☐ Geotechnical				
Livest		8. ■	Monitorin	g: well IDMVV4			12. Geothermal: how many bores?				
2. Irrigat				Remediation: well ID			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
3. Feedlo			Air Sparge		□ Soil Vapor Extraction b) Open Loop □ Surface Discharge				ischarge L	inj. of water	
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											
8 TYPE OF CASING USED: Steel PVC Other											
Casing height above land surface											
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 .10 ft. to 20 ft., From ft. to ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 1 ft. to 6 ft., From 6 ft. to ft.											
Grout Intervals: From											
Septic			юя: Lateral Line	s 🔲 Pit Privy			ivestock Pens	□ Insecti	cide Storage	_	
Sewer		_	Cess Pool	Sewage 1	สอดดก		uel Storage		oned Water		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
Other (Specify) Direction from well? East Distance from well? 70											
Direction fro	om well? .E.	ıst		Distance from	wc11? . <u>7.0.</u>						
10 FROM	TO	1	LITHOLO	GIC LOG	FRO			ITHO. LOG (cont.) o		IG INTERVALS	
0		Concrete									
0.5		Silty Clay (C									
13	20	Silty Sand (S	SW), light	brown							
					_						
					Note	s:					
					_						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
11 CONT	RACTOR'	S OR LAND	UWNER'	S CERTIFICATIO 10-day-year) .1.1/12	IN: This	water	well was 📶	constructed, \(\subset \text{rec}	onstructed	or plugged	
under my j	urisdiction a ster Well Co	ma was comp	ense No. 5	85 This V	vater Wel	anu u 1 Reco	nd was come	eleted one mo-devi-s	(ear) 1/1/29	9/2018	
under the h	usiness nam	ne of Associa	ated Envir	onmental.lnc		Sign	nature		10 huse	,,,, ,,,,,,,,	
Mail	1 white copy a	ong with a fee of	\$5.00 for eac	th constructed well to: K	ansas Depa	tment o	f Health and Er	vironment, Bureau of	ater, 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 htt	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										

