WATER WELL RI		WWC-5		sion of Water			MW3	
Original Record		e in Well Use		irces App. No.		Well ID		
1 LOCATION OF WA	ATER WELL:	Fraction	I .	ion Number	Township Number		ge Number	
County: COWLEY		NE 1/4 NE 1/4 NE 1/4		13	T 34 S	R 3		
2 WELL OWNER: Last Name: First: Business: CASEY'S GENERAL STORE #3435 Address: 3413 N. SUMMIT Address:								
City: ARKANSA	S CITY State: KS	ZIP: 67005						
3 LOCATE WELL	4 DEPTH OF COM	PLETED WELL:	14.02 n	5 Latitude	37.09940	0 (	decimal degrees)	
WITH "X" IN	Depth(s) Groundwater	Longitu	Longitude: 97.04047 (decimal degrees)					
SECTION BOX:	2) ft.	Horizont	Horizontal Datum: WGS 84 NAD 83 NAD 27					
	WELL'S STATIC WA	Source for Latitude/Longitude:						
	below land surface	, measured on (mo-day-	GPS (unit make/model:)					
NW NE	above land surface	(WAAS enabled? ☐ Yes ☐ No)						
	Pump test data: Well v	■ Land Survey □ Topographic Map						
W	after hour	☐ Online Mapper:						
SW SE	Well water was ft. after hours pumping gpm				4474.05			
	Estimated Yield:	6 Elevation: 1171.65ft. ☐ Ground Level ■ TOC						
S	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map			
mile		in. to	ft.	L	Other			
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID			ield Water Supply: le			
Household	6. Dewatering: how many wells?			11. Test Hole: well ID				
☐ Lawn & Garden ☐ Livestock	7. Aquiter K	echarge: well IDg: well ID	W3	☐ Cased ☐ Uncased ☐ Geotechnical				
2. Irrigation	9. Environment		12. Geothermal: how many bores?					
3. ☐ Feedlot	☐ Air Sparg		b) Open Loop  Surface Discharge  Inj. of Water					
4. ☐ Industrial	Recovery		2.111.401.011		r (specify):			
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ■ No If yes, date sample was submitted:								
Water well disinfected? $\square$ Yes $\square$ No								
		C D Other	CASIN	IG IOINTS: I	☐ Glued ☐ Clamped	□ Welded	Threaded	
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 4.02 ft. to 14.02 ft., From ft. to ft., From ft. to ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0 -1 Grout Intervals: From 1 ft. to .2.02 ft., From ft. to ft., From ft. to ft.								
Nearest source of possible contamination:								
☐ 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)								
10 FROM TO				TO LI	ft.	DITIOODIC	DITERVALO	
	LITHOLO	GIC LUG	FROM	TO LI	THO. LOG (cont.) or	PLUGGINC	INTERVALS	
0 14 0	ILTT OLAT							
			-					
			++	<del>-</del>				
				-				
			Notes:					
110165.								
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) 2/20/18 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 585 This Water Well Record was completed on (mo-day-year) 2/26/18								
under my jurisdiction and was completed on (mo-day-year) 2/20/18								
Mail I 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.ntmi KSA 82a-1212 Revised 7/10/201								
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