WATER WELL RECORD Form WWC-5 Division of Water MW5													
				ge in Well Use		Resou	irces App. No.		Well ID				
1 LOCATION OF WATER WELL: Fraction						Section Number   Township Number   Range Number							
County: Russell SW1/4 SE 1/4 SW 1/4 S													
2 WELL OWNER: Last Name: Zvolanek First: Terry Street or Rural Address where well is located (if unknown, distance and													
	Business: Midway Coop Association dire							ection from nearest town or intersection): If at owner's address, check here:					
	Address: 210 Harrison Address: 19							9363 KS-HWY 18					
City:	Ochomo		State: KS	ZIP: 67473		uray, KS, 67649							
	Osborne	T											
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL:35 ft. 5 Latitude:39.11852													
	SECTION BOX: Depth(s) Groundwater Encountered: 1)?.24.												
N   2)													
WELL'S STATIC WATER LEVEL:18.00						11_11_20							
'	below land surface, measured on (mo-day-yr												
NW	above land surface, measured on (mo-c					(**************************************			(o)				
	W Pump test data: Well water was						Land Survey Topographic Map						
1	Well water was						Online Mapper:						
SW   SE   after hours pumping								4600.07					
		gnm	6 Elevation: 1009.97										
	S	8.5 in. to 35	5 ft. and Survey				GPS 🔲 To	pographic Map					
1 r	1 mile  in. to ft.												
7 WELL WATER TO BE USED AS:													
1. Domestic				ater Supply: well ID			10. 🔲 Oil 1	Field Water Supply: 1	ease				
	☐ Household 6. ☐ Dewatering: how many wells?												
-	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					Cased Uncased Geotechnical							
_								mal: how many bore					
	2. Irrigation 9. Environmental Remediation: well ID												
_	3. Feedlot Air Sparge Soil Vapor Ex												
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 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													
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From .20													
SCREEN-	DANEL DA	CK DIEKY	ALS: Fro	m .49 n. to .99	II., F	rom	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													
Nonest son	als: From	' It. to le contaminat	0!	It., From	ft. to	• • • • • • • • • • • • • • • • • • • •	ft., From	ft. to	fL				
Septic			u <b>on:</b> Lateral Lin	na Die Deiser		<b>п</b> т	:						
Sewer			Cess Pool	es ☐ Pit Privy ☐ Sewage I		_	Livestock Pens Fuel Storage		icide Storage loned Water V	177-11			
	ight Sewer Li	_	Seepage Pi				Fuei Storage Fertilizer Stora		oned water v ell/Gas Well	VV C11			
Other (Specify)													
☐ Other (Specify)													
10 FROM	TO		LITHOLO	GIC LOG	FRO	M	TO L	ITHO. LOG (cont.) o	r PLUGGIN	GINTERVALS			
0		Concrete											
0.5		Silty Clay (C	CL), brown	1						,			
8		Sandstone/Limestone lenses											
18		Shale, dark											
			, 1100										
-					Note	e. L/P	HE Storess T	anke /I I IST\ I SA Desi	oct				
							Notes: KDHE Storage Tanks (LUST) LSA Project						
Midway Coop Luray Station, U6-84-15210, Luray													
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged													
under my i	urisdiction a	nd was come	oleted on 6	mo-day-year) .1.1-0.9	-20	and t	his record is	true to the heat of m	pusu uçted, nv knoviled.	or prugged			
Kansas Wa	iter Well Co	ntractor's Li	cense No	585 This V	Vater Wel	1 Reco	ord was com	leted on (mo-day-d	(ear) 12-08	-20			
under the	ousiness nam	e of Associ	ated Envi	ronmental, Inc.		Sie	mature	7. (mo-my-)	3 1 1 1 1 1 1 1				
Mail	l white copy a	ong with a fee o	f \$5.00 for ea	ach constructed well to: K	ansas Depa	tment	of Health and E	vironment, Bureau of V	Vater, GWTS S	Section,			
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.html KSA 82a-1212 Revised 7/10/2015												

