WATER WELL RECORD Form WWC-5 Division of Water										1			
Original Record Correction Change in Well Use						Resources App. No.				Well ID			
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number							
County	NE 4 NE 4 SE	<u> </u>	18 T 11 S R 2 □ E ■ W										
2 WELL OWNER: Last Name: Vanderloo First: Luke Street or Rural Address where well is located (if unknown, distance										, distance and			
Business: Address: 965 N. 190th Road direction from nearest town or intersection): If at owner's address, check here											CHECK Here.		
Address:													
City:	Minneapo												
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:32 ft. 5 Latitude:39.09850 (decimal degr											.(decimal degrees)		
WITH "		Depth(s) G	roundwater	Encountered: 1)	f		Longi	tude:	-97,576	322	.(decimal degrees)		
	SECTION BOX: 2)						Horizo	ontal D	Datum: WGS 8	4 🗆 NAD	83 🗆 NAD 27		
WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:							
]] 1	1					□ G)			
NW	NE X	e, measured on (mo-da water was	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map										
w	s pumping				Online Mapper: Google Earth								
	Well water was f												
SW	SWSE after hours pumpingg							41amı	•	Groun	d I aval II TOC		
LL_		gpm	in. to38 ft. and				6 Elevation:						
	S Bore Hole Diameter:8./5 in. to						ft. and Source. D Cand Survey						
1 mile in. to													
1. Domestic				ater Supply: well ID.		******	10. □ Oi	l Field	Water Supply: 1	ease			
	☐ Household 6. ☐ Dewatering: how many wells?												
Lawn	■ Lawn & Garden 7. ☐ Aquifer Recharge: well ID						☐ Ca	sed	☐ Uncased ☐	Geotechnic	al		
	☐ Livestock 8. ☐ Monitoring: well ID								: how many bore				
	2. 🗌 Irrigation 9. Environmental Remediation: well ID							osed L	oop Horizon	tal UVer	lical		
3. Feedlo				e Soil Vapo	r Extractio	n			op Surface D				
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 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													
GRAVEL PACK INTERVALS: From													
9 GROUT MATERIAL: Neat cement Cement Grout Bentonite Other													
Grout Intervals: From ft. to ft., From ft. to ft. to ft.													
Nearest source of possible contamination:													
☐ Septic			Lateral Lin				Livestock Pe			cide Storag			
☐ 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		FRO						NG INTERVALS		
0	1	Topsoil											
1	6	Clay, silty, L											
6	16	Sandstone,		/n									
16	20	Shale, Light											
20	28	Sandstone,											
28	32		Sandstone with Shale strngrs			Notes:							
32	38	Shale, Gray			- Note	3.							
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) .6/16/2021 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527 This Water Well Record was completed on (mo-day-year) .6/21/2021													
Kancac W/	tor Well Co	intractor's T ic	rance No	DZI This V	Nater We	II Rec	ord was cor	nolete	ed on mo-day-v	/ear) .012 i	16U61		
under the b	usiness nan	e of Geoce	ore, LLC.		······································	Sig	nature .(//	as.	nment Bureau of V	Vater GWTS	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, GW 15 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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015													