WATER	WELL I	RECORD	Form V	WWC-5		ision of Water				
Origina	l Record	Correction [Chang	e in Well Use	Rese	ources App. No		Well ID		
1 LOCATION OF WATER WELL: Fraction				Fraction	Section Number Township Number Range Number					
County	r: Rush			1/4 NW 1/4 NW 1/4						
2 WELL	OWNER:	Last Name: Willia	ams	First: Travis	Street or Rural Address where well is located (if unknown, distance and					
Business:					direction from nearest town or intersection): If at owner's address, check here:					
Address:	22600 K	68 Hwy			2 North, 3 E	2 North, 3 East of LaCrosse				
Address: City:	Paola	S	tate: KS	ZIP: 66071						
3 LOCAT					20 566420					
4 DEPTH OF COMPLETED WELL:									mal degrees)	
ł.	N BOX:	Depth(s) Grou	undwater 1	Encountered: 1)			ude:99.244			
2) ft. 3) ft., or well.'s STATIC WATER LEVEL:						Dry Well Horizontal Datum: ☐ WGS 84 ■ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:				
■ below land surface,				measured on (mo-day	-vr) 9-29-16		GPS (unit make/model:)			
NW			, measured on (mo-day			(WAAS enabled?				
NW		Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
w						m Online Mapper:				
sw	Well water was									
	after hours pumping Estimated Yield:gpm				. gpm	6 Elevati	6 Elevation:ft. Ground Level TOC			
S Bore Hole Dia			ameter	10 in. to 240	ft and		Source: Land Survey GPS Topographic Map			
1 mile Bole Hole Blankett in. to					ft. Other					
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
☐ House	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
, —	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
	Livestock 8. Monitoring: well ID						12. Geothermal: how many bores?			
	2. Irrigation 9. Environmental Remediation: well II					a) Closed Loop Horizontal Vertical				
3. Feedlot Air Sparge Soil Vapor					Extraction		b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 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										
6 11 FE OF CASHING USED: Steel = FVC Uniter										
Casing diameter 5 in. to										
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										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From										
Nearest source of possible contamination:										
Septic Tank										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well										
Direction from well?										
	TO			GIC LOG	FROM		It JITHO. LOG (cont.) or		ITEDWALE	
10 FROM 0	3	Top soil	INULU	SIC LUG	FROM	10 1	LITTO. LOG (cont.) 0	I LUGGING IN	TERVALS	
3	15	Tan clay								
15	23	Tan clay w/ lir	nestone							
23	55	Dark gray clay								
55	125	Blue & gray sl								
125	168	Dark gray sha		nestone						
168	190	White & gray			Notes:	L.				
190 220 Sandstone streaks w/ white clay										
220 240 Sandstone										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed or constructed or plugged										
under my jurisdiction and was completed on (mo-day-year) .10-13-16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 134 This Water Well Record was completed on (mo-day-year) .10-25-16										
Kansas Wa	iter Well Co	ntractor's Licer	ise No]	This W	ater Well Re	cord was com	pleted on (mo-day-y	ear) .10-2516		
Mail	white copy a	ong with a fee of \$	5.00 for eac	mis Ent.lnc	nsas Denartment	of Health and E	nvironment Rureau of	ster GWTS Santia		
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, 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										