	R WELL R		Form WWC-5			Division of Water					
Origina	ıl Record	Correction	Chang	e in Well Use			App. No.		Well ID		
1 LOCATION OF WATER WELL:			Fraction		Section N		Township Number		ge Number		
Count	_{y:} Rice			NE14 NE14 SE1						□ E ■ W	
2 WELL	OWNER: L	ast Name:		First:							
Business	: Archer Da	ıniels Midland	l Compa	direction from nearest town or intersection): If at owner's address, check here:							
Address:			220								
Address: 8800 West 110th, Suite 220 City: Overland Park State: KS ZIP: 66210											
3 LOCAT								20.0500			
WITH		4 DEPTH	OF COM	OMPLETED WELL:40			5 Latitude: 38.350949 (decimal degrees)				
1	ON BOX:		h(s) Groundwater Encountered: 1)			ft. Longitude: -98.202143 (decimal degree			(decimal degrees)		
4	N	2)	2) ft. 3) ft., or 4) \(\sup \) Dr				Horizonta	Datum: WGS 84	I □ NAD :	83 🛮 NAD 27	
		WELL'S STATIC WATER LEVEL: 24.91					Source for	Latitude/Longitude:			
		below land surface, measured on (mo-day-yr)					6. 9. 9 (—————————————————————————————————				
NW	NE	above land surface, measured on (mo-day-yr).					/				
	1 1 1	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map				
W	E	after hours pumping gpn					Online Mapper:				
sw	SE - X	Well water was ft.									
	×	after hours pumpinggp Estimated Yield:gpm			. gpm	6	6 Elevation: NA ☐ Ground Level ☐ TOO			Level TOC	
	S	Pore Hole Di	Bore Hole Diameter: 3.25 in to 40			Source: Land Survey			FPS □ Tc	pographic Map	
1	Bole Hole Di	in. to			Other						
7 WELL WATER TO BE USED AS:											
1. Domestic				ter Supply: well ID		10	. □ Oil Fi	eld Water Supply- le	ase		
	1				g: how many wells?			10. Oil Field Water Supply: lease			
								☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock 8. Monitorin				echarge: well ID			12. Geothermal: how many bores?				
				al Remediation: well ID							
3. ☐ Feedlot ☐ Air Sparge							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industrial Recovery					13	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 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 .20 ft. to .40 ft., From ft. to ft., From ft., From ft.											
GRAVEL PACK INTERVALS: From 18 ft. to 40 ft., From ft. to ft., From ft. to ft., From ft.											
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ■ Bentonite ☐ Other											
Grout Intervals: From											
Nearest source of possible contamination:											
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage											
☐ Sewer		_	ess Pool	Sewage La		☐ Fuel S			ned Water V	Well	
	ight Sewer Lir		epage Pit			☐ Fertili	zer Storage	e 🔲 Oil Wel	l/Gas Well		
☐ Other (Specify) Direction from well? Distance from well? ft.											
		<u></u>		Distance from w					DI IIG	ODER	
10 FROM	TO			SIC LOG	FROM	TO	U LIT	HO. LOG (cont.) or	PLUGGING	JINTERVALS	
0		Silt loam, brov									
7		Clay Ioam, Iig									
15	29 5	Silty loam, ligh	nt brown	, moist							
29	30 C	Clay loam, ligi	nt brown	, moist to wet							
					Notes:	•					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged											
under my i	urisdiction at	nd was comple	ted on (m	10-day-year) 6-24-2	019 a	nd this re	ecord is tr	ue to the best of my	y knowleds	ge and belief.	
Kansas Wa	iter Well Cor	tractor's Licer	ise No. 6	04 This W	ater Well I	lecord w	as comple	eted on (mo-day-ve	ear) . 1/1.5	1,9	
under the b	usiness name	e of Environn	nental Pi	riority Service, Inc.		Signatur	re1/./1	lMA	. !	J	
Mail	1 white copy alc	ong with a fee of \$	5.00 for eac	h constructed well to: Ka	nsas Departm	ent of Hea	Ith and Env	ronment, Bureau of Wa	iter, GWTS S	ection,	
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											