WATER WELL RECORD Form WWC-5 Division of Water									1		
		Correction		e in Well Use		esources App.			Well ID		
1 LOCATION OF WATER WELL:			Fraction	Section Number			Township Number		ge Number		
County: Pawnee				1/4 1/4 NW 1/		35		T 20 S		7 DE WW	
		Last Name: Ke	elty	First: John + Joel	Street or P	Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here: South of Rush Center on 183 to which Seast to 180 than 2 East					
Business	5: 5:21 1	vest 5 st	_ ′	V 5 117 1 (15C)	direction from	m nearest town	or inte	rsection). If at owner	's address,	heck here:	
Address	331 0	251 ~ 31	t .		11 South	the RUST	(C & M	Ter On 183 TO	> W Kd	S E951	
	arned		State KG	ZIP: 67550	to 180	70.2	,,,,,	IN TO CIRA	7421 2	East	
						T	-				
3 LOCAT		I OF COM	PLETED WELL:	70	70. ft. 5 Latitude: 98,27553 (decimal degrees)						
	SECTION BOX: Depth(s) Groundwater I			Encountered: 1)	.5 ft.	Lon	Longitude: 99.17806 (decimal degrees)				
	N	2)	ft. 3	3) ft., or 4) [Dry Well	Hori	zontal	Datum: WGS 84	□ NAD	83 NAD 27	
	WELL'S STATIC WAT			TER LEVEL:/Z	Cour	Source for I stitude II on situde					
X	X below land surface			measured on (mo-day	-yr). ///2.	7.5		unit make/model:)	
NW -	NW NE Labove land surface,			measured on (mo-day-	-yr)		(WAAS enabled? ☐ Yes ☐ No)				
1 1	Pump test data: Well w					☐ Land Survey ☐ Topographic Map					
w				pumping			Online Mapper:				
C337				ater was							
and			fter hours pumping gpm			6 Elevation: 2050ft. A Ground Lev			T1 [] TOC		
		Estimated Y	ield:/?.		Course I I and Summer			t. Ki Ground Level 10C			
	S Bore Hole Diamete			.7 in. to 7.0	Sour	Source:					
in. to											
7 WELL WATER TO BE USED AS:											
1. Domestic		5. 🗆	Public Wat	ter Supply: well ID	*****************	. 10. 🗀 C	il Fie	ld Water Supply: lea	ise		
☐ House				g: how many wells?			Hole:	well ID		****	
									Incased Geotechnical		
X Livest			g: well ID								
2. Irrigat			l Remediation: well II								
3. Teedlo			Air Sparge		Extraction	b) C)pen L	oop 🔲 Surface Disc	charge 🔲	Inj. of Water	
4. 🔲 Indust	rial		Recovery	☐ Injection		13. 🗆 C	ther (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 traineter											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify)											
☐ Statifies Steel ☐ Fiberglass ☐ FVC ☐ Other (Specify)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
CODEEN E	DEDECTO AT		I C. Erom	HO A to LOCA				A From	A +0	0	
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From 20 ft. to 70 ft., From ft. to ft., From ft. to ft. o ft. o ft.											
9 GROUT	MATERL	AL: Neat co	ement 📋	Cement grout A Be	ntonite 📋	Other	•••••				
				ft., From	ft. to	It., From		It. to	It.		
		le contaminatio			_						
☐ Septic			ateral Lines			Livestock Po		☐ Insecticio		7.11	
☐ Sewer I			Cess Pool	☐ Sewage Lag ☐ Feedyard] Fuel Storage] Fertilizer Sto		☐ Abandon ☐ Oil Well/		en	
U wateri	ight Sewer Li	nes 🗀 Si	eepage Pit			i reithizer Su	mage	☐ OII WEIL	Gas wen		
☐ Other (Specify)											
									LUCCING	INTERVATE	
10 FROM	TO	C /	THOLOG	IC LUG	FROM	10	Lill	HO. LOG (cont.) or P	LOGGING	MILKVALS	
0	10	50.1									
10	25	Clay									
25	30	Shale									
30	4.5	Red Cla	Y								
25 30 45	50	Rock +6	ravel								
50	55	Gravel									
56	70	Red Cla	n.		Notes:						
	, ,	1000	7		1						
1 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was M constructed or reconstructed or religioned											
1 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year)											
Cansas Water Well Contractor's License No. 96.1 This Water Well Record was completed on (mo-day-year) 17-72 -17											
inder the hi	isiness name	of Grounde	sta Deve	Topment Compan	٧S	ignature .	R	AC al	.,		
Mail 1	white copy alo	ng with a fee of \$5	5.00 for each	constructed well to: Kans	as Departmen	t of Health and	Enviro	nment, Bureau of Wate	r, GWTS Ser	ction,	
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.											
/isit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											