WATER WELL RECORD Form WWC-5 Division of Water									
☑ Original Record ☐ Correction ☐ Change in Well Use						Resources App. No.		Well ID	
1 LOCATION OF WATER WELL:			Fraction		ction Number		er Range Number		
County: McPherson				NWW NEW SWY	4 SE½ 23 T 20 S R 2 DE 27 W				
1		Last Name: Ra	atziaff	First Larry	Street or Ri	reet or Rural Address where well is located (if unknown, distance and			
Business: Address: 8820 Raccoon Trail						rection from nearest town or intersection): If at owner's address, check here:			
Address:		COON I FAIR							
City:	Galva		State: KS	ZIP: 67443					
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 28 ft. 5 Latitude: 38.292851 (decimal degrees									
	WILL A E						le: 38.2928	(decimal degrees)	
3) 4 3)					7 Dec Wall	Longit	ade: 9/,50/0	081 (decimal degrees)	
1	WELL'S STATIC WATER LEVEL: 10					y Well Datum: WGS 84 Z NAD 83 NAD 27 Source for Latitude/Longitude:			
				measured on (mo-day	ry-yr) 6/27/2014 GCPS (unit make/model:				
NWNE above land surface			measured on (mo-day-	·yr)		(WAAS enabled? Yes No)			
Pump test data: Well v			ater was 1	ì.	1	Land Survey Topographic Map			
l w	W E afterhours			pumping	gpm		Online Mapper:		
Well w				alcı was	ñ.		* *		
	^	Entirented	hours	pumping	gpm	6 Floreti	om 1520 a	☑ Ground Level ☐ TOC	
LL.	Estimated Yield: 20 S Bore Hole Diameter			9 in to 30 ft and Source:			Tand Spread T	GPS Tonosembia Man	
1					in to			GPS Topographic Map	
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID									
☐ House	hold	6. [Dewatering	g: how many wells?	11. Test Hole: well ID				
Z Lawn & Garden 7. ☐ Aquifer Rech				charge: well ID	Cased Uncased Geotechnical			Geotechnical	
☐ Livestock 8. ☐ Monitoring: well ID					***********	12. Geothe	rmal: how many bores	?	
2. Irrigation 9. Environmental Remediation: w						a) Closed Loop Horizontal Vertical			
3. Feedlo		Į.	Air Spange	Soil Vapor	Extraction	b) Ope	n Loop 🔲 Surface Dis	scharge 🔲 Inj. of Water	
4. Indust	· · · · · · · · · · · · · · · · · · ·		Recovery						
Was a chemical/bacteriological sample submitted to KDHE? [] Yes [2] No If yes, date sample was submitted:									
Water well disinfected? DI Ves CI No.									
8 TYPE OF CASING USED: Steel Z PVC Other CASING JOINTS: Z Glued Clamped Welded Threaded									
Casing diameter 5 in to 18 ft., Diameter in to ft. Diameter in to ft. Casing height above land surface 12 in Weight 2.37 lbs/ft. Wall thickness or gauge No. 214									
Casing height above land surface 12 in. Weight 2.3/ lbs/ft. Wall thickness or gauge No. 214									
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberelass DI PVC Cheer (Specify)									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
1 <u> </u>									
☐ 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 18 ft to 28 ft From 6 to 6									
GRAVEL PACK INTERVALS: From 128 ft. to 28 ft., From ft. to ft. to ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout 17 Bentonite 17 Other									
9 GROUT MATERIAL: Next cement Cement grout Dentonite Other									
Nearest sou	rce of possib	le contaminat	ion:						
☐ Septic			Lateral Lines			Livestock Pens		ide Storage	
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well									
Watertight Sewer Lines									
Other (Specify) Direction from well? .East Distance from well? .70 ft.									
10 FROM	TO	***************	LITHOLOG	CIOC	FROM			PLUGGING INTERVALS	
		Topsoil			1 ACIVI		TITIO INV (CUEL) OF	LOOGHO INTERVALS	
2		Clav			1	 -			
6		Clay, silty w	fine sand		 	 			
12		Sand, fine			 	 -			
16		Clay			1	 -			
19		Sand, fine to	o medium		1	 -	· · · · · · · · · · · · · · · · · · ·		
28		Shale			Notes:	L	······································		
				· · · · · · · · · · · · · · · · · · ·					
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) 96/27/2014 and this record is true to the best of my knowledge and belief									
Kansas Water Well Contractor's License No. 138									
under the b	usiness nam	e of Lynna		ning	**********	[[]2 A.o	IMILK.		
Send one copy to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. KS Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-3565.									
	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212								