WATER WELL RECORD Form WWC-5 ☑ Original Record ☐ Correction ☐ Change in Well Use						Division of Water Resources App. No.			20180305	Well ID Cox 1-35 Supply Well	
1 LOCATION OF WATER WELL: Fraction							Section Number Township			ber Range Number	
County: Ness NW ¼ SW ¼ SE ¼ S							T T T T T T T T T T T T T T T T T T T				
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and											
Business: Gabel Lease Service Inc. direction from nearest town or intersection): If at owner's address, check here:											
Address: P.O. Box 405 Approximately 10 miles north and 0.5 miles west of Hanston.											
Address: City: Ness City State: KS ZIP: 67560											
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 87 ft. 5 Latitude: 38.263012 (d										(decimal degrees)	
	Depth(s) Groundwater Encountered: 1)						ft. Longitude: -99.725456 (decimal degrees)				
2) ft. 3) ft., or 4) \(\sum \Dry\)											
WELL'S STATIC WATER LEVEL: 32.80									for Latitude/Longitude	<u> </u>	
'	'	below land surface, measured on (mo-day-yr) 12-13-18					18	⊠ GP	S (unit make/model:)	
NW	NE	_	above land surface, measured on (mo-day-yr) Pump test data: Well water was not checked ft.					(WAAS enabled? ▼Yes No)			
W E Pump test data: Well water was not checken after hours pumping						m	İ	☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
	Well water was ft							☐ Online Mapper:			
SWSE after hours pumping gg							1 II-leaves -				
<u> </u>		Estimated Y	Estimated Yield: gpm					6 Elevation: Unknown ft. Ground Level TOC			
S		Bore Hole I	Diameter:	9 in to 90 ft. and				Source: Land Survey GPS Topographic Map			
1 mile in. to ft.											
7 WELL WATER TO BE USED AS:											
1. Domestic: 5. ☐ Public Water Supply: well ID 10. ☒ Oil Field Water Supply: lease								lease Cox 1-35			
=	Household 6. Dewatering: how many wells?							11. Test Hole: well ID			
· =	Lawn & Garden 7. Aquifer Recharge: well ID Livestock 8. Monitoring: well ID										
, =	Livestock 8. Monitoring: well ID 2. Irrigation 9. Environmental Remediation: well ID							a) Closed Loop Horizontal Vertical			
3. Feedlot							-	b) Open Loop Surface Discharge Inj. of Water			
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 CASING JOINTS: Glued Clamped Welded Threaded Other											
Casing diameter 5 in, to 65 ft., Diameter in. to ft.											
Casing height above land surface 24 in. Weight 2.36 lbs./ft. Wall thickness or gauge No214											
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 65 ft. to 85 ft., From ft. to ft., From ft. to ft.											
ON THE PROPERTY AND THE											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From 0 ft. to 20 ft., From ft. to ft. From ft. to ft.											
Nearest source of possible contamination:											
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage											
Sewer Lir			Cess Pool	☐ Sev	wage Lagoo			el Storage		oned Water Well	
Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well											
Other (Specify) None Known Direction from well?											
Direction from			ITIO		nom wen?		1	ft.	ITHO LOC (- DI LICCINO DITERNALO	
10 FROM 0 4	TO		LITHOLOG	JIC LUG		FROM		TO I	ATHU. LUG (cont.)	or PLUGGING INTERVALS	
4 3:	-	Topsoil Clay, brown					+				
35 58		Sand & gravel, coarse to fine					-				
58 70							+				
70 8:		Clay, tan	nama ta F				-				
	- +	Sand & gravel, coarse to fine Clay, yellow, white					+				
85 90	U	Ciay, yellow, wh	iic			Notes:					
Truces.											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\infty\) constructed, \(\su\) reconstructed, or \(\su\) plugged											
under my jurisdiction and was completed on (mo-day-year) 12-13-18 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo-day-year) 12-17-18											
under the bu	cinecc nam	ne of Clarke	Well & Ea	uipment, Inc.			Sign	ature 5	-d		
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.											
				00012-1367. Ma		ater Well O SA 82a-12		and retain one	e for your records. Telep	Revised 7/10/2015	
visit us at http://	//www.kdhel	ks.izov/waterwell	/index.ntml		K	NA 024-12	14			ACTISED // 10/2013	