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WATER WELL RECORD Form WWC-5 Original Record Correction Correction Change in Well Use				vivision of Water esources App. No.		Well ID [MW-13]	
1 LOCATION OF WATER WELL: Fraction N 1/2				ection Number 3	tion Number Township Number Range Number		
2 WELL OWNER: Last Name: First:			Street or Rural Address where well is located (if unknown, distance and				
Business: CHS Address: 2000 S. Main St.			direction from nearest town or intersection): If at owner's address, check here:				
Address: City: McPherson State: Ks. ZIP: 67460 of US Hwy 56 & 10th Road.						e south of intersection	
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WELL:		ft. 5 Latitud	e: 38.3404	1(decimal degrees)	
WITH "X" IN SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft. Longitude:98.31008						
N	NA ft. Source for Latitude/Longitude:						
below land surface, measured on (mo-day above land surface, measured on (mo-day							
NW NE	Pump test data: Well water was			🗆 Lan	Land Survey Topographic Map		
W E after hours pumping Well water was				🗌 Onl	ine Mapper:		
after hours pumping			. gpm	6 Elevation: NA ft. Ground Level TOC			
S Estimated Yield:			ft. and	Source:	Source: 🗌 Land Survey 📕 GPS 🔲 Topographic Map		
1 mile1 mile1 mile							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. Public Water Supply: well ID							
□ Household 6. □ Dewatering: how many wells? 11. Test Hole: well ID 11. Test Hole: well ID							
□ Lawn & Garden 7. □ Aquifer Recharge: well ID □ Cased □ Uncased □ Geotechnical □ Livestock 8. ■ Monitoring: well ID MW-13 12. Geothermal: how many bores?							
2. Irrigation 9. Environmental Remediation: well ID a) Closed Loop [Horizontal] Vertical							
3. □ Feedlot □ Air Sparge □ Soil Vapor Extraction b) Open Loop □ Surface Discharge □ Inj. of Water 4. □ Industrial □ Recovery □ Injection 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 JOINTS: □ Glued □ Clamped □ Welded ■ Threaded							
Casing diameter							
Casing height above land surface							
□ 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 .10 ft. to 20 ft., From ft., From ft., From ft. to ft.							
GRAVEL PACK INTERVALS: From8 ft. to20 ft., From ft. to ft. to							
9 GROUT MATERIAL: □ Neat cement □ Cement grout ■ Bentonite □ Other							
Nearest source of possible contamination:							
Septic Tank Lateral Lines Pit Privy Livestock Pens Insecticide Storage Sewer Lines Cess Pool Sewage Lagoon Fuel Storage Abandoned Water Well							
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well							
☐ Other (Specify)							
10 FROM TO	LITHOLO		FROM			PLUGGING INTERVALS	
0 20 C	laγ						
			-				
Notes:							
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) 7.7-17 and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 604. This Water Well Record was completed on (mo-day-year)							
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.							
1000 SW Jackson St. Visit us at http://www.kdhcks.		66612-1367. Mail one to	Water Well C KSA 82a-		tor your records. Telepl	none 785-296-5524. Revised 7/10/2015	

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