WATER WELL RECORD Form WWC-5						Division of Water 200 - warrett				
Original Record Correction Change in Well Use Resources App. No. Well ID										
1 LOCATION OF WATER WELL: County: Stafford				Fraction	Section Number Township Number T 21 S					
				S2 1/4 S2 1/4 SW						
2 WELL OWNER: Last Name: First: 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:										
					direction from nearest town or intersection): If at owner's address, check here:					
Address: PO Box 308 Address: 3 1/2 North, 2 1/4 West of Seward										
City:	Ellinwood	:	State: KS	ZIP: 67526						
3 LOCATI		1				20 0		. 29.722	0	
WITH "				IPLETED WELL			5 Latitu	de:	(decimal degrees)	
SECTIO	N BOX:		Encountered: 1)				Longitude:98,8377(decimal degrees) Horizontal Datum; □ WGS 84 ■ NAD 83 □ NAD 27			
N WELL'S STATIC WA										
				reface, measured on (mo-day-yr)11-6-17				for Latitude/Longitude	g: )	
above land s			nd surface	, measured on (mo-d	av-vr)		■ Gr			
				water was ft.			(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
W E after			hour	urs pumpinggpm			Online Mapper:			
SW SE			Well water was ft.							
) ! !	SE		after hours pumping gpm				6 Flower	ion: f	Ground Level G TOC	
X		Estimated Y	Estimated Yield:gpm Bore Hole Diameter:19in. to80ft.				6 Elevation:			
S Bore Hole Diame						Other				
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
1. Domestic:					g: how many wells?			11. Test Hole: well ID		
,				echarge: well ID			☐ Cased ☐ Uncased ☐ Geotechnical			
					g: well ID			12. Geothermal: how many bores?		
. –					al Remediation: well ID			a) Closed Loop  Horizontal  Vertical		
3. ☐ Feedlot ☐ Air Sparge							b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industr	rial									
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 5 in. to 80 ft., Diameter ft., Diameter in. to ft.										
Casing height above land surface 18 in. Weight SDR-26 lbs/ft. Wall thickness or gauge No.										
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: From80 ft. to										
GRAVEL PACK INTERVALS: From80 ft. to20 ft., From										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
		le contamination		CI Dia Daire		_	I increase als Dec		1-11- Ch	
☐ Septic			ateral Line Cess Pool	es ☐ Pit Privy ☐ Sewage			Livestock Per Fuel Storage		icide Storage Ioned Water Well	
_			eepage Pit				Fertilizer Stor		ell/Gas Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well  ☐ Other (Specify)None										
								f	t.	
10 FROM	TO			GIC LOG		FROM			or PLUGGING INTERVALS	
0	3	Top soil								
3		Brown clay								
25		Soft sandy c	ay w/ fin	e sand						
43				med w/ small						
		clay streaks								
60			el- med t	o pea size clean					A	
		coarse loose				Notes:				
78		Gray clay	***************************************	······	٦.,					
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)11-5-17 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No134 This Water Well Record was completed on (mo-day-year)11-20-17										
Kansas Wa	iter Well Co	ntractor's Lice	nse No	134 This	Water \	Well Rec	ord was con	pleted on (mo-day-	year)11-20-17	
under the b	usiness nam	e otKQ\$@I	ıçranız:.	gemis.Entinc		Si	gnature	Company Library	<b>L</b>	
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.										
				66612-1367. Mail one				e for your records. Telep		
Visit us at httr	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									