WATER WELL R		WWC-5			on of Water			
Original Record		e in Well Use			ces App. No.		Well ID	
1 LOCATION OF WATER WELL:				Sectio	on Number   Township N			
County: Stafford	1/4 NW 1/4 NW 1/2						4 □ E ■ W	
2 WELL OWNER: Last Name: Drews First: John Street or Rural Address where well is located (if unknown, distance and								distance and
Business:		direction from nearest town or intersection): If at owner's address, check here:						
Address: 2034 NW		4 1 /2NI	1\1/ of	Soward K	c			
Address:	140		4 1/2IN,	400 01	Seward, K	.5		
City: Great Ben	d State: KS	ZIP: 67530						
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:								(decimal degrees)
WITH "X" IN						de:		_
SECTION BOX: Depth(s) Groundwater Encountered: 1)				11	Longitu	al Datum: WGS 84	I D NAD	92   NAD 27
N	WELL'S STATIC WA	TER I EVEL:	25 6	"				83 LI NAD 21
■ below land surface, measured on (mo-day-y				ft. 09/26/18  GPS (unit make/model:)				
above land surface, measured on (mo-day-y					(WAAS enabled? ☐ Yes ☐ No)			
NW  NE	Pump test data: Well w			☐ Land Survey ☐ Topographic Map				
W X E	after hours			Online Mapper:				
1 1 ' 1 ' 1	Well v			Comme inapper				
SW   SE	after hours pumping						_	
	Estimated Yield:60gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC			
S				and Source: Land Survey GPS Topo				pographic Map
1 mile		in. to			[	Other		
7 WELL WATER TO BE USED AS:								
1. Domestic:		ater Supply: well ID			10. □ Oil F	ield Water Supply: le	ase	
Household		ng: how many wells?.				le: well ID		
☐ Lawn & Garden	7. ☐ Aquifer R							
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?			
2. Irrigation		al Remediation: well l			a) Closed Loop			
3. Feedlot	☐ Air Sparge				b) Open Loop  Surface Discharge  Inj. of Water			
4. Industrial	Recovery					r (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								
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Champed Welded Inreaded								
Casing diameter								
Casing height above land surface 12 in. Weight 2.8 lbs./ft. Wall thickness or gauge No. Sch. 40								
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 .55 ft. to .75 ft., From ft. to ft. ft.								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other								
Grout Intervals: From								
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) house  Direction from well? Northwest Distance from well? 80 ft.								
Direction from well? .INO						ft.	DILLOGE	Chirchite
10 FROM TO	LITHOLO	GIC LOG	FRO	М	TO L	THO. LOG (cont.) or	PLUGGIN	GINTERVALS
	op sand							
	clay							
35 50 f	ine sand							
50 75 5	sand and gravel							
	clay bottom		*					
	,					,,	A	
		THE WAR	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) .09/26/18 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo-day-year) .09/30/18								
under the business name of Kelly's Water Well Service. Inc. Signature Kathum & Head								
Mail 1 white copy alo	on swith a fee of \$5.00 for ear	ch constructed well to: K	ansas Depart	ment of	Health and En	vironment Bureau of W	ater GWTS	Section.
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.								
Visit us at http://www.kdheks		. 5551 E 1561. Mail one t	KSA 82			your records. Teleph		7/10/2015
L TIGHT OF ACTICIPATION WWW.KUITCKS	A TO TO TOME I WON THUCK THUM		1.01104					