WATER WELL RECORD Form WWC-5 Division of Water									1	
		Correction		ge in Well Use	Re	sources App. No)	Well ID		
1 LOCATION OF WATER WELL: Fraction						Section Number Township Number Range Number				
County: Reno SE ¼ NE ¼ NE ¼ NE ¼						29 T 22 S R 5 □ E ■ W				
2 WELL OWNER: Last Name: Longacre First: Kim Street or Rural Address where well is located (if unknown, distance and										
Business: direction from nearest town or intersection): If at owner's address, check here:									check here:	
Address: 1912 East 54th Ave.										
City:	Hutchins	n Jan Ave.	State: Ks.	ZIP: 67502						
3 LOCAT					00		20.4444	0		
WITH "		1		MPLETED WELL:		t. 5 Latitude: 38.11419 (decimal degrees) Longitude: 097.88584 (decimal degrees)				
_	ON BOX:	Depth(s) G	roundwater	Encountered: 1) 3) ft., or 4)]	ft.					
]	N	WELL'S S	10. TATIC WA	TER LEVEL:3	J DI y Well		Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ■ NAD 27 Source for Latitude/Longitude:			
			below land surface, measured on (mo-day-yr)1/				GPS (unit make/model: Garmin 62S			
NW	above land surface, measured on (mo-day-					Gr	(WAAS enabled?			
	Pump test data: Well water was ft.						☐ Land Survey ■ Topographic Map			
w							Online Mapper:			
sw	Well water was ft.									
			after hours pumpinggpm			6 Elevation: 1619ft. ■ Ground Level □ TOC				
<u> </u>	S	Bore Hole	Bore Hole Diameter:10 in. to90 ft.			Source: Land Survey GPS Topographic Map				
1	1 mile						Other			
7 WELL WATER TO BE USED AS:										
1. Domestic				ater Supply: well ID		10. □ Oil	Field Water Supply: 16	ease		
_	Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID						☐ Cased ☐ Uncased ☐ Geotechnical			
, —	☐ Livestock 8. ☐ Monitoring: well ID						rmal: 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 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 .70 ft. to .90 ft., From ft. to ft., From ft.										
GRAVEL PACK INTERVALS: From90 ft. to20 ft., From ft. to ft., From ft. to ft.										
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										
Sepuc Sewer		_	Lateral Line	_		Livestock Pens		cide Storage	1	
☐ 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)										
Direction from well? East Distance from well? 125										
10 FROM	TO		LITHOLOG	GIC LOG	FROM	TO I	ITHO. LOG (cont.) or	PLUGGIN	G INTERVALS	
0		Sandy top s	oil							
5		Fine sand								
18			ine sand-tan clay mix 70/30							
30			san clay fine sand mix							
63			an clay-fine sand mix w/ layers							
		of fine sand								
	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) .1/13/17										
Nansas Wa	ner well Co	niractor's Lic	ense No crantz-Rei	mis Ent.	ater Well Re	cord was com	pieted on (mo-day-y	zar) .11.L(/.		
Mail	l white conv al	ong with a fee of	\$5.00 for eac	ch constructed well to: Ka	nsas Denartme	nt of Health and F	nvironment. Bureau of W	ater, GWTS	Section.	
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.										
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										