WATER WELL RECORD Form WWC-5 Division of Water											
■ Original Record □ Correction □ Change in Well Use						irces App. No ion Number		Well ID			
1 LOCAT		Fraction	Fraction NW 1/4 NW 1/4 NE 1/4 SE 1/4				ownship Number Range Num				
County				- D	21 T 23 S R 6 DE W						
2 WELL OWNER: Last Name: Bontrager First: Gary 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:											
Business: Address:	8101 S St	ate Road 17									
Address:	0101 0 0	ale Mad II		From 6t	rom 6th & Broadacres 1/4W SSR						
City:	Hutchinso	n State: KS	ZIP: 67502								
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:60 ft. 5							e: 38.0346	0	(decimal degrees)		
WITH "X" IN Depth(s) Groundwater Encountered: 1) ft Longitude: 097 98119 (de											
SECTIO	3) ft., or 4)				tal Datum: WGS 84						
N		WELL'S STATIC WA	TER LEVEL:	?.1 ft.		Source for Latitude/Longitude:					
	1	below land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes No)					
NW	NE										
		Pump test data: Well water was				☐ Land Survey ■ Topographic Map					
W	• E	Well water was ft.				☐ Online Mapper:					
SW	SE	after hours pumping gpm				4550					
		Estimated Vield gnm				6 Elevation: 1552ft. ☐ Ground Level ☐ TOC					
	3	Bore Hole Diameter:	eter: 11 in. to 60 ft. and			Source:   Land Survey GPS Topographic Map					
1 mile  in. to ft. Under											
7 WELL WATER TO BE USED AS:											
1. Domestic:											
	Household 6. Dewatering: how many wells?										
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID										
	2. ☐ Irrigation  9. Environmental Remediation: well ID										
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction						b) Open Loop  Surface Discharge  Inj. of Water				
	4. ☐ Industrial ☐ Recovery ☐ Inje					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 6 in to 40 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface 20 in Weight 160 lbs./ft. Wall thickness or gauge No. 255											
Casing height above land surface											
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)											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
SCREEN-PERFORATED INTERVALS: From .40 ft. to .60 ft., From ft. to ft. to ft. to ft.											
GRAVEL PACK INTERVALS: From 60 ft. to 20 ft., From ft. to ft., From ft. to ft.											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From 20 ft. to ft., From ft. to ft., From ft. to ft.											
Nearest source of possible contamination:											
☐ Septic		☐ Lateral Line				Livestock Pen		cide Storage oned Water			
Sewer		☐ Cess Pool	☐ Sewage L t ☐ Feedyard			Fuel Storage Fertilizer Stora		ll/Gas Well			
□ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well         ■ Other (Specify)       pond											
Direction from well? East Distance from well? .60 ft.											
10 FROM	ТО	LITHOLO	GIC LOG	FRC	M	TO I	ITHO. LOG (cont.) or	PLUGGIN	IG INTERVALS		
0		Top soil									
3		Brown clay									
18		Tan clay, fine sand m	nix								
22	28	Dark gray clay									
28	60	Small fine sand									
				Note	s:						
th COMPANIENT OF A LANDOWNIED OF CERTIFICATION. This makes a subject to the constructed of the constructed o											
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) .115-2020 and this record is true to the best of my knowledge and belief.											
Kancac Wa	ter Well Co	ntractor's License No	134 This W	/ater Wel	I Rec	ord was com	nleted on (mo-day-v	ear) . I - Z . I.	-4.040		
under the h	usiness nam	e of Rosencrantz-Be	mis Ent		Sig	nature	mean Under	بببر			
Mail	1 white copy al	ong with a fee of \$5.00 for ea	sch constructed well to: K	ansas Depa	rtment	of Health and E	invironment, Bureau of W	ater, GW18	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											