Andrews .			form WWC-5		vision of Water	1	MW-17	
		Correction	Change in Well Use		sources App. No		Well ID	
1 LOCA	Stafford	VATER WELL:			ction Number		Range Number	
							R 12 □ E ■ W	
2 WELL	2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distant Business: Kanza Cooperative direction from nearest town or intersection): If at owner's address, check							
Address	200 N M	ain Street			firection from nearest town or intersection): If at owner's address, check here:			
	Address: 200 N. Wall' Street Address: 221 East Martin Street, Stafford, Ks.							
City: Iula State: KS ZIP: 67066								
3 LOCAT						07.05.440		
WITH			F COMPLETED WELL: .		t. 5 Latitue	de: 37.95443	(decimal degrees)	
SECTION	SECTION BOX: Depth(s) Groundwater Encountered: 1)					ude: 98.59777	(decimal degrees)	
	N	2)	ft. 3) ft., or 4) [	Dry Well		ntal Datum: WGS 84	☐ NAD 83 ☐ NAD 27	
X	WELL'S STATIC WATER LEVEL:22  below land surface, measured on (mo-day)					Source for Latitude/Longitude:  GPS (unit make/model:)		
	above land surface, measured on (mo-day)				GP			
NW -	NE	Pump test data:	Well water was f	yı)	1	(WAAS enabled? ☐ Ye	es No)	
l w						nd Survey Topograph		
1	Well water was				□ On	line Mapper:	•••••	
SW SE after hours numning								
	Estimated Yield:gpm				6 Elevati	on: 1854.37ft.	Ground Level TOC	
	S Bore Hole Diameter: 8.75 in. to 30.3				Source: Land Survey GPS Topographic Map			
1 mile in. to ft. Other								
7 WELL WATER TO BE USED AS:								
1. Domestic		5. 🔲 Pu	blic Water Supply: well ID	•••••	10. 🔲 Oil	Field Water Supply: lease		
The state of the s	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID		
	□ Lawn & Garden       7. □ Aquifer Recharge: well ID         □ Livestock       8. ■ Monitoring: well ID					☐ Cased ☐ Uncased ☐ Geotechnical		
Livestock 8. Monitoring: well ID								
2. ☐ Irrigation 3. ☐ Feedlot 9. Environmental Remediation: well ID								
4. Indust				extraction	b) Ope	n Loop Surface Discha	arge  Inj. of Water	
15. 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 neight above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
Uniter (Specify)								
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:								
The state of the s								
SCREEN-PERFORATED INTERVALS: From .20.3 ft. to .30.3 ft., From ft. to ft. to ft. to ft. to ft. from ft. to ft. from ft. to ft. from ft. ft. ft. ft. ft. ft. ft. ft. f								
GRAVEL PACK INTERVALS: From 18.3 ft. to 30.3 ft., From ft. to ft., From ft. to ft.								
7 UNUL WAIRKIAL:   Neat cement     Cement group   Dontonito   Other Cement Dad								
Grout Intervals: From 1 ft. to 18.3 ft., From 0 ft. to 1. ft., From ft. to ft.								
Nearest source of possible contamination:								
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage								
□ Watertight Sewer Lines □ Seepage Pit □ Feedward □ Fertilizer Storage □ Oil Wall/Gas Wall								
Other (Specify) .contaminated site								
Direction from well? Distance from well? ft.								
10 FROM	TO	LITH	IOLOGIC LOG	FROM		ITHO. LOG (cont.) or PLI	UGGING INTERVALS	
0		Gravel & Clay						
1		Clay, red brown,						
5			wn, fine, moist, some gra-	4				
18		Clayey Silt, brow						
19	24	Clayey Silt, gray	, moist, strong hydrocarb					
24	28	Clayey Silt, gray	, wet, hydrocardbon odor					
28		Clayey Silt, brow		Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged								
under my jurisdiction and was completed on (mo-day-year) 11-9-7077 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)								
under the o	usiness nam		ital Flightly Service. His	N1:	onafiire	The		
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								

