		RECORD		WWC-5		ivision of Wat				
		Correction		ge in Well Use		sources App. 1		Well ID	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
1 LOCATION OF WATER WELL: County: Stafford				Fraction		ection Numb			ige Number	
		\Art		1/4 SW 1/4 SW 1/4						
1	OWNER:	Last Name: Wil	son	First: Doyle		or Rural Address where well is located (if unknown, distance and				
Business: Address:	30th Ave.			direction from nearest town or intersection): If at owner's address, check here: 55, 16 of S+.John, 15						
Address:										
City: Macksville State: KS ZIP: 67557										
3 LOCATE		4 DEPTH	ft 5 Latit	ude:		(decimal degrees)				
WITH "Y		Depth(s) Gr	oundwater	Encountered: 1)	5 ft.	ft. Longitude:(decimal degrees)				
	2) ft. 3) ft., or 4) \square D						ontal Datum: WGS	34 □ NAD	83 NAD 27	
	WELL'S STATIC WATER LEVEL:45						e for Latitude/Longitud			
	1	below l	below land surface, measured on (mo-day-yr)				GPS (unit make/model:)			
NW	NE		☐ above land surface, measured on (mo-day-yr) Pump test data: Well water was				(WAAS enabled? [io)	
			terhours pumpinggpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
	Well w				C. Chimie Mapper					
				s pumping	gpm	(Flance	6 Elevation:ft. Ground Level TOC			
			stimated Yield:80gpm ore Hole Dianicter:8 in, to				ce: Land Survey GPS Topographic Map			
1						Source	Other			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
	☐ Household 6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID								l	
1	☐ Livestock 8. ☐ Monitoring: well ID						12. Geothermal: how many bores?			
	2. Irrigation 9. Environmental Remediation: well ID									
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E 4. ☐ Industrial ☐ Recovery ☐ Injection						pen Loop Surface D			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Water well digitacted? Yes No										
Water well districted? ■ Tes ☐ INO 2 TVPE OF CASING LISED: ☐ Steel ☐ PVC ☐ Other CASING IOINTS: ■ Cheed ☐ Clement ☐ Wolded ☐ Threeded										
Casing diameter 5 in to 131 ft Diameter in to ft Diameter in to ft										
Water well disinfected? ■ Yes □ No 8 TYPE OF CASING USED: □ Steel □ PVC □ Other										
THE OF SCREEN OR FERTORATION 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)										
SCREEN-PERFORATED INTERVALS: From ft. to ft. to ft. to										
GRAVEL PACK INTERVALS: From23 ft. to151 ft., From ft. to ft., From ft. to ft.										
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From 0 ft. to .23 ft., From ft. to ft., From ft. to ft.										
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)										
☐ Other (Specify)										
10 FROM	TO		ITHOLOG	GIC LOG	FROM	TO	LITHO. LOG (cont.) o	r PLUGGIN	G INTERVALS	
0		sandy top so	il	T				· · · · · · · · · · · · · · · · · · ·		
		clay					Edinar O			
131		sand and gravel clay bottom					Edison Operating Co. 811 E 22nd St N Building 1900			
		Ciay Dollotti			-		Wichita, KS 67226	unumy 190	<u> </u>	
-					 	+	vviolita, NO 01220			
				AND THE STREET	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) .12/09/16 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) .12/13/16										
under the bu	siness nam	e of Kelly's	Mater We	Il Service Inc.	S	ignature	a thurs	4.0		
Mail I	white copy ale	ong with a fee of	\$5.00 for eac	h constructed well to: Kar	sas Departmen	t of Health and	Environment, Bureau of W	ater, GWTS S	ection,	
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										