WATER WELL RECORD Form WWC-5 Original Record Correction Change in Well Use Division of Water Resources App. No.							
Original Record		ge in Well Use		sources App. 1	No. 20210156	Well ID	
1 LOCATION OF W		E-action		ction Numb		Range Number	
County: 54 affor	rd	NO 14 NE 14 NE 1		6	T 24 S	R 13 DE WW	
2 WELL OWNER: Last Name: Street or Rural Address where well is located (if unknown distance and							
Business: Sterling	Business: Sterling Orilling			direction from nearest town or intersection); If at owner's address, check here:			
Address: POBox 1000				direction from nearest town or intersection): If at owner's address, check here: 60 3.35 miles west on Elst have furnite bawest of Nwood Ave Turn + 90 south 3301			
Address: City: Prost State: WS ZIP: 67124				MM3041 Ave Turn + go 500001, 030.			
3 LOCATE WELL	State: WS	ZIP: 67134					
WITH "X" IN	TH "X" IN 4 DEPTH OF COMPLETED WELL:				ft. 5 Latitude:(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)			ft. Longitude: (decimal degrees)			
N	2) ft. 3) ft., or 4)			Horiz	ontal Datum: WGS 84	NAD 83 NAD 27	
	WELL'S STATIC WATER LEVEL:			Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-				GPS (unit make/model:)		
NW	above land surface	-yr)	.	(WAAS enabled? Yes No)			
XX	Pump test data: Well v			☐ Land Survey ☐ Topographic Map			
W		after hours pumping gpm Well water was ft.			Online Mapper:		
SW SE	after hours pumping gpm						
	Estimated Yield:(C	gpin	6 Eleva	6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diameter:	ft. and	Source	Source: Land Survey GPS Topographic Map			
mile	·i in. to ft.				Other		
7 WELL WATER TO BE USED AS:							
1. Domestic:	5. 🔲 Public Wa	ter Supply: well ID	***************************************	10. 🕰 Oi	l Field Water Supply: lease	Garneroil	
☐ Household	Household 6. Dewatering: how many wells?				11. Test Hole: well ID		
_	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID			☐ Ca	☐ Cased ☐ Uncased ☐ Geotechnical		
_	Livestock 8. Monitoring: well ID				12. Geothermal: how many bores?		
2. Irrigation					a) Closed Loop		
3. Feedlot Air Sparge Soil Vapor Extr				b) O ₁	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							
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:							
The state of the s							
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole) SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From 6.5. ft. to 32 ft., From ft. to ft., From ft. to ft.							
9 CROUT MATERIAL - Negt coment of Coment grout None and the Coment grout gro							
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)							
	ast 500ft	Distance from we	ell?		ft.		
10 FROM TO	LITHOLOG	SIC LOG	FROM		LITHO. LOG (cont.) or PLU	UGGING INTERVALS	
0 4	Black Clay Top						
4 44	Fine Tax Sa	nd					
44 60	Small Coarse	Sand					
60 65	3 Fine Tan 30	and					
			Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\subseteq \) constructed, \(\subseteq \) reconstructed, or \(\subseteq \) plugged							
under my jurisdiction and was completed on (mo-day-year) /13/31 and this record is true to the best of my knowledge and belief							
Kansas Water Well Contractor's License No. 4.13							
under the business name	or circination of the following	7 WELL	S16	mature 🥒	Alm I man	3	
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.kdhcks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015							
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