WATER WELL RECORD Form WWC-5 Division of Water										
Original Record		Change in	Well Use		ources App. No.		Well ID			
	LOCATION OF WATER WELL:		ection	Se	ction Number	Township Numb	1 -	ge Number		
			ME45E	4 NW4	4 T 25 S R 10 DE 12 W					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and								distance and		
Business: BIRCK FARMS, Inc.  Address:  Address										
Addition Toler J. Off' J. Off' J. D. J. Off' Sandy - J.										
City: PrATI		State: K5 ZI	P: 67124	Ke 10	W. LAKE C	TVIC Ka. 12	wesi a	2014 100		
3 LOCATE WELL	4 DEPTH	OF COMPLI	ETED WELL:	78 f	5 Totitud	•	(	decimal degrees)		
WITH "X" IN						5 Latitude:(decimal degrees) Longitude:(decimal degrees)				
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Horizontal Datum: WGS 84 NAD 83 NAD 27					
N	WELL'S STATIC WATER LEVEL:30				Source for Latitude/Longitude:					
	below land surface, measured on (mo-day-yr).					GPS (unit make/model:)				
NW NE	above land surface, measured on (mo-day-yr).				5	(WAAS enabled? ☐ Yes ☐ No)				
1 1 1 1 1 1	Pump test data: Well water was				☐ Lane	☐ Land Survey ☐ Topographic Map				
W	altei	after hours pumping gpm Well water was ft.				Online Mapper:				
SW SE	after		ping							
	Estimated Vield: gnm -				6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: 10.5% in. to					Source:				
1 mile  in. to ft. Uther										
7 WELL WATER TO BE USED AS:										
1. Domestic:	5. Public Water Supply: well ID					10. Oil Field Water Supply: lease				
☐ Household☐ Lawn & Garden	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID					11. Test Hole: well ID				
Livestock						mal: how many bores				
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop    Horizontal    Vertical				
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extra					b) Open Loop Surface Discharge Inj. of Water				
4. Industrial		Recovery	☐ Injection			r (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 MPVC ☐ Other										
Casing diameter										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass										
☐ 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										
GRAVEL PACK INTERVALS: From .78 ft. to ft., From ft., From 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										
☐ Sewer Lines       ☐ Cess Pool       ☐ Sewage Lagoon       ☐ Fuel Storage       ☐ Abandoned Water Well         ☐ Watertight Sewer Lines       ☐ Seepage Pit       ☐ Feedyard       ☐ Fertilizer Storage       ☐ Oil Well/Gas Well										
Direction from well? Distance from well? ft.										
10 FROM TO	L	ITHOLOGIC I	LOG	FROM		THO. LOG (cont.) or	PLUGGING	INTERVALS		
0 5	Sand	700 Sol	/							
5 10	BAN C									
10 15	med		end							
15 25	Brng	Acq								
25 80	Med &	Corrse	Sand							
				Notes:						
11 CONTRACTORIS OR LANDOWNER OF CERTIFICAL MYON.										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo day weer)										
Kansas Water Well Contractor's License No. 672. This Water Well Decord was completed in (mo. day year) and this record is true to the best of my knowledge and belief.										
under my jurisdiction and was completed on (mo-day-year)										
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and African Sureau 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.										
1000 SW Jackson S					ner and retain one			524.		