WATER WELL RECORD Form WWC-5  Division of Water  Percurses Ann No.  Well ID.							
Original Record Correction Change in Well Use		Resources App. No. Well 15					
1 LOCATION OF W		Fraction	Sec	tion Number			
County: Plat   1/2 Sw 1/2 Sw 1/4 Sw 1/4   3   T Z8 S R 1/3 \( \) E \( \) E \( \) WELL OWNER: Last Name:   First:   Street or Rural Address where well is located (if unknown, distance and							
2 WELL OWNER: L	ast Name:	First:	Street or Ru	ral Address v	where well is located	(if unknown, distance and	
Business: Van Ester Ready Mix Address: Van Ester Ready Mix 6 Miles Savia of Pratt To Sw 6076 mee 5 T							
Address: P. D. Be	× 1058		6 MAIL	5 300 70		I JULIUM TO ST Alond	
City: ShowNe	State: 💋	K ZIP: 7480Z		west 7	0 28 30 19 200	Well 50 ft Nort	
3 LOCATE WELL	4 DEDTH OF CO	MPLETED WELL:	193 <sub>ft</sub>	5 T . 444	J.,	(موسوما استنادا	
WITH "X" IN	Depth (c) Groundwater	A		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 WA	ATER LEVEL:	ft.		Source for Latitude/Longitude:		
	☐ below land surfac	e, measured on (mo-day-	·yr)			· )	
NW NE	above land surface, measured on (mo-day-yr) 5-29-1				(WAAS enabled? ☐ Yes ☐ No)		
		water was f			☐ Land Survey ☐ Topographic Map		
W	after hours pumping gpm			Or	Online Mapper:		
SW SE	Well water was ft. after hours pumping gpm						
	Estimated Yield:gpm Bore Hole Diameter: 10.53in. to 193ft. and			6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map				
mile	in. to ft.						
7 WELL WATER TO BE USED AS:							
1. Domestic:		ater Supply: well ID				ease	
Household	6. Dewateri		11. Test Hole: well ID				
Lawn & Garden	7. Aquifer I		☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	8. Monitoring: well ID			12. Geothermal: how many bores?			
2. ☐ Irrigation 3. ☐ Feedlot	9. Environmen		a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water				
4. Industrial	☐ Recovery		Extraction				
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 JOINTS: Glued Clamped Welded Threaded							
Casing diameter							
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							
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From / 23 ft. to 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				_	•	
☐ 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)							
Direction from well?	799	Distance from we	ell?	799	ft.		
10 FROM TO	LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.) or	PLUGGING INTERVALS	
0 8	Ben top s	70; /					
8 30 30 50 50 65	Tom clay						
30 50	Fine Tan S	and					
50 65	TAN CLAY						
65 193	Five Ton	sond W/9PA	vel 5th	AKS			
			Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, $\square$ reconstructed, or $\square$ plugged							
under my jurisdiction and was completed on (mo-day-year) . 5298 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No							
kansas water Well Con	iractor's License No.	Tater west 3	ter Well Rec	ord was com	prefer on (mo-day-y	m . 11	
Mail 1 white conv alor	ng with a fee of \$5.00 for ea	ch constructed well to: Kar	sas Department	of Health and F	pronment Bureau	Section.	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Enforment, Bureau Schion, 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.							
	.gov/waterwell/index.html		KSA 82a-12		,	Revised 7/10/2015	