WATER WELL RECORD Form WWC-5			Division of Water				
Original Record			Resources App. No.			Well ID	
I LOCATION OF WATER WELL: Fraction			Section Number		Township Number		
County: PRATT "SE" NW			NE 1/4	<u> </u>	T 28 S	R /3□E XW	
2 WELL OWNER: La	ast Name: OChoA	First: Mike.	Street or Ru	ral Address wh	iere well is located	(if unknown, distance and	
Business:			direction from	nearest town or int	ersection): If at owner	's address, check here:	
Address: 20029 SE 30th Ave Address: City: PRATT State: K5 ZIP: 67/24 Saith 2 miles To SEZOBST West off of							
City: PRATT	State: K	5 ZIP: 67/24	SarTh	2 miles	To SEWE	sor west off of	
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL: /60							
WITH "X" IN	Depth(s) Groundwater Encountered: 1)			. 5 Lautuu	Longitude:		
SECTION BOX:	2) H			Horizontal Datum: WGS 84 NAD 83 NAD 27			
N	2)				G C. I stimed of a maintain		
	below land surface, measured on (mo-day-yr). Land with the land surface, measured on (mo-day-yr). Pump test data: Well water was				GPS (unit make/model:)		
					(WAAS enabled? ☐ Yes ☐ No)		
					☐ Land Survey ☐ Topographic Map		
W E	after hours pumpinggpm			☐ Onli	Online Mapper:		
SW SE	Well water was ft.						
	after hours pumping gpm			6 Elevatio	6 Elevation:ft. Ground Level TOC		
S	Estimated Yield:gpm Bore Hole Diameter: 10.58. in. toft. and				Source: Land Survey GPS Topographic Map		
mile	in. to ft.				☐ Other		
7 WELL WATER TO BE USED AS:							
1. Domestic:		Vater Supply: well ID		10. □ Oil F	ield Water Supply: le	ease	
Household	6. Dewatering: how many wells?			11. Test Ho.	11. Test Hole: well ID		
Lawn & Garden	7. 🔲 Aquifer		Case	☐ Cased ☐ Uncased ☐ Geotechnical			
☐ Livestock	8. Monitor			12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID				a) Closed Loop Horizontal Vertical		
3. Feedlot	☐ Air Spai		Extraction	b) Oper	Loop Surface Di	scharge Inj. of Water	
4. 🗌 Industrial	Recover	·	<u>-</u>				
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)							
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 140 ft. to ft. to ft. to ft. to ft. to ft. to							
GRAVEL PACK INTERVALS: From 160 ft. to 25 ft., From ft. to ft., From ft. to ft., From ft. to ft., From 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							
Other (Specify) Direction from well?	999	Distance from w	ell? 99	a)	ft.		
10 FROM TO		OGIC LOG	FROM			PLUGGING INTERVALS	
0 10		TOP Soil	1110111				
10 20		suel suel	<u> </u>				
20 50		d Straks	· ·				
50 160	TAN Sand	·- <u>2/1</u>	1				
	A CASA CONTRACTOR OF THE PARTY						
			Notes:	L			
110665							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed. reconstructed. reconstr							
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) /2.// and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo-day-year) 12:23:19 under the business name of Crowd's water well such Signature.							
under the business name	e of .Crowdisu	vater well su	۲ Si	gnature	pm / 113/11	N/TC C	
Mail I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, But a doctor of WTS 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							
actimp.//www.kuncks	.gov/waterwen/index.nimi		12012 074-17	-14		INTIBUL I I IUI AULU	