WATER WELL F	VATER WELL RECORD Form WWC-5						Division of Water						
	Correction				Resources App. No.				Well ID				
	TION OF WATER WELL: Fraction							Township Numb	L L	ige Number			
County: Practical Country Country	County: PRATT "SE"NE "A							NW 8 T 28 S R /3 DE XXW					
2 WELL OWNER: Last Name: GOEFTZ First: Justin Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:													
Business: Address: 320 N. Howard ST. direction from nearest town or intersection): If at owner's address, check here: IN PRAIT, Ye mile South of 10 B ST													
Address:													
City: /RA-7		State:	ZIP: 67124	1	n Wes	T Rive	L	ROAD WES	7 70	well			
3 LOCATE WELL	4 DEPTH	OF COM	PLETED WELL	. /	100 f	5 Letit	nde.			(decimal degrees)			
WITH "X" IN	1		Encountered: 1)		· · · · · · · · · · · · · · · · · · ·								
SECTION BOX:	2) ft. 3) ft., or 4) Dry Well Horizontal Datum: WGS 84 NAD 83 NA									83 NAD 27			
· · · · · · · · · · · · · · · · · · ·	WELL'S STATIC WATER LEVEL:												
						unit make/model:							
NW X NE		and surface, ata: Well w		(WAAS enabled?		(o)				
W E			pm	☐ Land Survey ☐ Topographic Map ☐ Online Mapper:									
1 1 1 1 1		Well water was ft.											
SW SE	after	after hours pumping gpm											
	Estimated Y	ield:			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map								
S	Bore Hole I	Bore Hole Diameter					Other						
7 WELL WATER TO BE USED AS:													
1. Domestic:			ter Supply: well ID			10. □ 0	il Fie	eld Water Supply: le	ase				
Household		Dewaterin											
☐ Lawn & Garden	7. Aquifer Recharge: well ID					☐ Ca	ased	☐ Uncased ☐ €	Geotechnica	1			
Livestock		8. Monitoring: well ID						al: how many bores					
2. Irrigation			l Remediation: well			a) C	losec	Loop Horizont	al ∐ Vert	cal			
3. ☐ Feedlot 4. ☐ Industrial			☐ Soil Vapo ☐ Injection	rex	traction			Loop Surface Di					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:													
8 TYPE OF CASING USED: Steel XPVC Other CASING JOINTS: Glued Clamped Welded Threaded													
Casing diameter													
Casing diameter													
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 ☐ 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: Fromft. toft. fromft. toft. fromft. ft.													
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other													
Grout Intervals: From													
Nearest source of possib					_								
☐ Septic Tank☐ Sewer Lines		Lateral Lines				Livestock Pe			ide Storage				
Other (Specify)													
Direction from well?				well				ft.					
10 FROM TO		ITHOLOG			FROM	TO	LIT	HO. LOG (cont.) or	PLUGGIN	G INTERVALS			
0 5	BRNS	And ?	Top Soil										
5 15	7 20	CAM											
15 20	sen-	mily	clay	-									
45 50	7 m	MARI S	gnd	1	· · · · · · · · · · · · · · · · · · ·	7							
50 105	Comos	Fine Tan Sand				;		•					
105 110	Kine	Bra/white Clay			Notes:								
7.0	SEN /	U A. PE	~ my	7 7	THULES.								
				1	:	:							
11 CONTRACTOR'S under my jurisdiction a	OR LANDO	OWNER'S	CERTIFICATIO	N:	This wate	r well was	CC	onstructed, \square reco	nstructed,	or 🔲 plugged			
under my jurisdiction a	nd was compl	eted on (m	o-day-year) . Z.T.	4-	Ze Zeand	this record	is tru	ie to the best of m	y knowled	ge and belief.			
Kansas Water Well Counder the business nam	ntractor's Lice	ense No	This V	vate	r Well Red	ord was cor	nple	ted on (mo-day-ye	** ***	C.F K.R. 40			
Mail 1 white conv ale	ong with a fee of	\$5.00 for each	constructed well to: K	ansa	s Department	of Health and	Envi	renment, Bureau or	ter, GWTS	Section,			
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau or 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/waterweli/index.html KSA 82a-1212 Revised 7/10/2015													