WATER WELL RECORD Form WWC-5 Division of Water												
☐ Original Record ☐ Correction ☐ Change in Well Use  1 LOCATION QF WATER WELL: Fraction						Resources App. No.						
	TION OF V	ATER WE		action		ction Numb	oer	Township Number		ge Number		
County	<u>/:                                    </u>	lips	<u>                                      </u>	V/45W1/45W1/4		_ ک		T $\beta$ S	R_/	7 DE EW		
2 WELL OWNER: Last Name: Abbott First: Kevin Street or Rural Address where well is located (if unknown, distance and Business:												
Business: 400/ Vick burg St direction from nearest town or intersection): If at owner's address, check here:												
Add												
City: Hutchinson State: Ks ZIP: 67502 2 East 10 North of Phillips burg												
3 LOCAT		4 DEPTH	I OF COMPL	ETED WELL: .	.8.3f							
	WITH "X" IN SECTION BOX: Depth(s) Groundwater Encountered: 1) / S						5 Latitude:					
N $(2)$ ft. $(3)$ ft., or $(4)$ $(1)$						Dry Well   Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27						
<u> </u>	WELL'S STATIC WATER LEVEL:						Bource for Latitude/Longitude.					
NIW/	- NW NE -   above land surface, measured on (mo-day-y					Grant marte model						
NW	Pump test data: Well water was					(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map						
w	E after hours pumping g					n Online Mapper:						
sw	Well water was ft.							•••				
ו צו	1	hours pur	gpm	pm 6 Elevation:ft. ☐ Ground Level ☐ TOC								
	Estimated Yield:2gpm  S Bore Hole Diameter:2in. to							Land Survey 🔲 C				
1 r					_	Other						
7 WELL WATER TO BE USED AS:												
1. Domestic				Supply: well ID								
. <del>-</del>	☐ Household 6. ☐ Dewatering: how many wells?											
	□ Lawn & Garden       7. □ Aquifer Recharge: well ID         □ Livestock       8. □ Monitoring: well ID							☐ Uncased ☐ Cal: how many bores				
	2. Irrigation  9. Environmental Remediation: well ID							Loop  Horizonta				
3. ☐ Feedlo			Air Sparge	☐ Soil Vapor I			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 disinfects 40 FDV FDV												
8 TYPE OF CASING USED: ☐ Steel ☐ FVC ☐ Other CASING JOINTS: ☐ Glued ☐ Clamped ☐ Welded ☐ Threaded												
Casing diameter												
Casing height above land surface												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☑ PVC ☐ Other (Specify)												
☐ 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												
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? ft.												
10 FROM	TO		LITHOLOGIC		FROM	ТО		HO. LOG (cont.) or	PLUGGING	INTERVALS		
0	20	Soi/	-									
20	35	Sand	stone									
35	45	_	stone 4	sand								
65	76	yellow	clay		<del></del>							
76	83	shale.	-				-					
					Notes:	L	<u> </u>					
					110162:	110103.						
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) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No												
under my jurisdiction and was completed on (mo-day-year)53.0												
Kansas Wa	ter Well Co	ntractor's Lic	ense No S.	This Wa	ter Well Red	cord was co	mple	ted on (mo-day-ye	ar)			
under the b	usiness nam	e of Ly.c. U.	SCH.GIK	well	H.1.19.9		• • • • • •					
under the business name of G.A. It. sch. a.K. Well Dry Hing.  INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.												
Visit us at http://www.kdheks.gov/waterwell/index.html  KSA 82a-1212  Revised 9/10/2012												