		RECORD	WWC-5	Division of Water								
			Correction				rces App. No.			Well ID		
	-	VATER WEL		Fraction		Sec	tion Numb	er 1	Township Num			
Count	y: Con	make		1/4 5 W 1/5E	Stron	4 Du	7	xx/bono	T 32 S		B □ E M W	
2 WELL OWNER: Last Name: Willbank's First: John 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:												
Address: 5400 St. Emilion CT Coldwater Hwy 183 & Ave I 2/4 mile EAST												
Address: Ma Address:												
3 LOCATE WELL												
3 LOCAL		4 DEPTH	OF COM	IPLETED WELI	.: . /Z	⊱ ft.	5 Latit	ude:			.(decimal degrees)	
I .	Depth(s) Groundwater Encountered: 1)						tt. Longitude:(decimal degrees)					
1	2)						Datum: WGS 84 NAD 83 NAD 27					
		l l	below land surface, measured on (mo-day-yr					Source for Latitude/Longitude: GPS (unit make/model:)				
NW	NE	above l	above land surface, measured on (mo-day-yr				(WAAS enabled? Yes No)					
		Pump test d	Sump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map					
w	E	after	after hours pumpinggp				☐ Online Mapper:					
sw	SE	Well water was ft. after hours pumping gg										
X			Estimated Yield:gpm				6 Elevation:ft. ☐ Ground Level ☐ TOC					
	S	Bore Hole I	Bore Hole Diameter:				t. and Source: Land Survey GPS Topographic Ma					
	mile	<u> </u>	in. to						Other			
7 WELL WATER TO BE USED AS:												
1. Domestic			5. Public Water Supply: well ID									
House	enoid & Garden		6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID									
Livest			8. Monitoring: well ID					12. Geothermal: how many bores?				
2. Trrigat	tion			al Remediation: wel					.oop 🔲 Horizot			
·			Air Sparge					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 disinfected? ▼ Yes No												
8 TYPE OF CASING USED: Steel PVC Other												
Casing diameter												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
☐ Steel ☐ Stainless Steel ☐ Fiberglass ► PVC ☐ Other (Specify)												
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)												
		RATION OPE			m 10				. (5 10)			
	nuous Slot	Mill Slot ☐ Key Punch	od □W	auze Wrapped	Torch Cu	ıt 🔲 D	rilled Holes one (Open I	19 9) □ O	ther (Specify)	•••••	•••••	
SCREEN-	PERFORAT	ED INTERV	ALS: From	1 2.5 ft. to	125 ft	From	fi fi	101 <i>C)</i>	ft From	ft to	. θ	
G	RAVEL PA	CK INTERV	ALS: From	1. 1. 25 ft. to	2/ft	From	ft. t	0	ft., From	ft to)t	
9 GROUT	Γ MATERIA	AL: ☐ Neat o	ement \square	Cement grout	Bentonite	: NO	ther					
Grout Interv	vals: From .	2.1 ft. to	<i>D</i>	. ft., From	ft. to .		ft., From		ft. to	ft.		
	-	le contaminati				_			_			
☐ Septic		_	Lateral Line				Livestock Pe			icide Storage		
_	□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Watertight Sewer Lines □ Seepage Pit □ Feedyard						oon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Fertilizer Storage ☐ Oil Well/Gas Well					
				-				_		· · · ·		
Direction if	om weii?	499		Distance from	well?	79	<i>9</i>		f	t.		
10 FROM	TO		ITHOLOG	GIC LOG	FF	ROM	TO	LITH	O. LOG (cont.) o	r PLUGGIN	IG INTERVALS	
0	5-	Bin 5	may	TOP Soil								
5	15	Sarly	CIMY	Ben.					-			
15	35	White	Clay	<u>, </u>								
36	45	Fine	TAN	md								
75	125		midy									
75	165	FINE T		· some w/s	No No	tes•						
		71100	<u> </u>			ics.						
***************************************		******										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (moday-year)												
under my j	urisdiction a	nd was compl	eted on (m	o day-year) //	9-14	and t	his record	is true	to the best of n	ıy knowled	ge and belief.	
Kansas Water Well Contractor's License No. 172 This Water Well Record was completed on (mo-day-year) 11-10-16. under the business name of 124-16-16.												
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$600 for each constructed well along with one (white) copy to Kansas												
III I KU	Department of H	ealth and Environme	ent, Bureau of	Water, Geology Section, 1	000 SW Jac	s. Suomit kson S t., S	uite 420, Topek	eacn con a, Kansas	isu ucieu w ell along w s 66612-1367. Teleph	ıın one (white) ıone (785) 296-	copy to Kansas 3565.	

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html