WAT	ER WELL	RECORD	Form	WWC-5		Division of	Water	39709	1			
		☐ Correction				Resources A		134704	Well ID			
		WATER WEL		Fraction		Section Nu		Township Numb		ge Number		
County: Scward			3W 45W 145W	14								
2 WE	LL OWNER:	Last Name: 20	First: Scott	Street or Rural Address where well is located (if unknown, distant					distance and			
Busin	iess:		200.	direction from nearest town or intersection):				r's address. c	heck here:			
Addr	Address: 12958 Hwy 160 Address:											
City	Pleases	5 zr. 67869	from	Rall	RAIGO & RDW GO & 85 miles S							
	ATE WELL				1150	10.0		77 1603	O EDV	MI.62 2		
	H "X" IN			APLETED WELL:	L:							
	SECTION BOX: Depth(s) Groundwater Encountered: 1)											
	N	2)	ft.	3) ft., or 4)	☐ Dry Well	H	orizontal	Datum: \square WGS 84	F ■ NAD 8	3 🗆 NAD 27		
	WELL'S STATIC WATE)H.	10 St	Source for Latitude/Longitude:					
7177	/NE	, measured on (mo-day , measured on (mo-day			GPS (unit make/model: IPhone							
14 W	/NE		vater was 3.9.5 ft.			(WAAS enabled? Yes No)						
w -	- E	s pumping 5.00	1 1	☐ Land Survey ☐ Topographic Map ☐ Online Mapper:								
Well w				vater was 368		Comme iviapper						
SW	SE	after	O hour	vater was 368 pumping 1266								
X		JU onm	6 El	6 Elevation:ft. Ground Level TOC								
,	S	30 in. to 475	So	Source: Land Survey GPS Topographic Map								
	-1 mile			in. to	ft.			Other	•••••	******		
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. ☐ Public Water Supply: well ID								ase	• • • • • • • • • • • • • • • • • • • •			
_												
_	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID ☐ Livestock 8. ☐ Monitoring: well ID											
	2. Irrigation 9. Environmental Remediation: well ID						Closed	Loop Horizonta	′	1		
	3. Feedlot Air Sparge Soil Vapor E						Onen L	oop Surface Disc	harge 🗀 i	ni of Water		
4. 🔲 Indu	strial		Recovery			13.	Other (s	specify):	onarge 🗆 II	ij. 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 IOINTS: □ Gived □ Clarged ■ Wolded □ Threeded												
Casing diameter in to 970 ft Diameter in to ft Diameter in to												
Casing height above land surface												
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 ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)												
□ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) SCREEN-PERFORATED INTERVALS: From3.5. ft. to												
COLUMN TO THE PROPERTY OF THE												
GRAVEL PACK INTERVALS: From ft. to ft. to												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft.												
		contamination:		II., From	π. το	tt., Fro	m	ft. to	ft.	1		
☐ Septio			eral Lines	☐ Pit Privy		Livestock :	Pens	☐ Insecticid	a Ctamana	1		
☐ Sewer		☐ Ces		☐ Sewage Lag		Fuel Stora		Abandone		,,		
	tight Sewer Lin		page Pit	☐ Feedvard		Fertilizer S		Oil Well/	Gas Well			
Other	(Specify)		* * * * * * * * * * * * * * * * * * * *				_		ous mon			
Other (Specify) Direction from well? North Distance from well? 13 Mile or 2640 ft.												
10 FROM	ТО	LIT	HOLOGI	C LOG	FROM	TO	LITH	O. LOG (cont.) or PI	JUGGING II	NTERVALS		
	-	777 11										
		365 At	tached									
					DT :							
					Notes:							
					ľ							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 0.5.000. 2001. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 950 This Water Well Record was completed on (mo-day-year) 5.7.6.19 Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment Bureau of Water CWTS Section												
ander my jurisdiction and was completed on (mo-day-year) 05-06-2014 and this record is transfer the best of my leaveled on the be												
Kansas Water Well Contractor's License No. 950 This Water Well Record was completed on (moday-year) 5-6-19												
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,												
1000	SW Jackson St.,	Suite 420, Topeka,	Kansas 666	12-1367. Mail one to W	ater Well Own	er and retain	bne for yo	our records. Telephone	785-296-5524			
Visit us at KSA 82a-1212 Revised 7/10/2015									0/2015			