WATER WELL RECORD Form WWC-5 Division of Water								AS3	
	l Record		e in Well Use		sources App. No		Well ID		
1 LOCATION OF WATER WELL:			Fraction		ection Number	1 L		ge Number	
	y: Republic		1/4 SW 1/4 NE 1/4		17				
2 WELL OWNER: Last Name: Champlin First: Ron Street or Rural Address where well is located (if unknown, distance and									
1	Christens	en Oil	İ	direction from nearest town or intersection): If at owner's address, check here:					
Address:	Box 455			4th & Was	th & Washington, Scandia				
Address:	Camaandi	State: KS	ZIP: 66901	Tiri a Trac	mington, coa	Turu			
City:	Concordia								
3 LOCATE WELL 4 DEPTH OF COMPLETED WELL:					ft. 5 Latitue	5 Latitude:(decimal degrees)			
SECTION BOX: Depth(s) Groundwater Enc					Longit	Longitude:(decimal degrees)			
N 2) ft.			3) ft., or 4) [Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27			
			WELL'S STATIC WATER LEVEL:			for Latitude/Longitude	-		
'			 □ below land surface, measured on (mo-day-yi □ above land surface, measured on (mo-day-yi 			S (unit make/model:			
NW	NEX -				(WAAS enabled? □		lo)		
			Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map			
W	E		after hours pumping gpr Well water was ft.			☐ Online Mapper:			
sw	SE	after hours		-					
		Estimated Yield:	gpin	6 Elevati	6 Elevation:ft. ☐ Ground Level ☐ TOC				
	S	Bore Hole Diameter:	ft and		Source: Land Survey GPS Topographic Map				
I		Dore Hole Diameter	fi.		☐ Other				
1 mile in. to ft. Uniter									
1. Domestic			ter Supply: well ID		. 10. □ Oil	Field Water Supply: 16	ease		
•	Household 6. Dewatering: how many wells?					11. Test Hole: well ID			
_	☐ Lawn & Garden								
			g: well ID						
	2. ☐ Irrigation 9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical			
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor E					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:									
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 diameter in. to									
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: From .23 ft. to .25 ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:									
Nearest source of possible contamination: Septic Tank									
Sewer		☐ Cess Pool	☐ Sewage La		Fuel Storage		oned Water V	Well	
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well									
Other (Specify) Contaminated Site									
Direction from well? ft.									
10 FROM	TO	LITHOLOG		FROM		ITHO. LOG (cont.) or		3 INTERVALS	
0	1 /	Asphalt and Concrete							
1		Silt and Clay, Dark Gra							
3		Silt, Dark Gray to Gray							
7		Silt, Gray							
10		Sand, vf-f, Gray							
16		Sand, vf-f, Oray Sand, vf-f w/tr. m, Gra	V						
10		Julia, Viel Witt. III, Gla	J	Notes:					
11065									
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) .12/19/2017 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mp-day-year) .1/25/2018									
under the h	usiness nam	of GeoCore Inc.	I III S VV d		Signature	Tal III			
under the business name of GeoCore Inc. 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 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									