| | | MWZR | |
|---|--|---|--|
| WATER WELL RECORD | Form WWC-5 | , | m No |
| | | Division of Water Resources; Ap Section Number Township N | |
| 1 LOCATION OF WATER WELL County: | SE 1/4 SE 1/4 SW | | $R = \frac{1}{2} $ |
| Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits) | | | |
| located within city? 100 NE Highway 24 Latitude: 39.05.29.0" N Longitude: 5.39.35.0" W | | | |
| 2 WATER WELL OWNER: | Valvine Blackwood) | Elevation: Toc 883.70 | |
| RR#, St. Address, Box # : 2106 Higwatha Datum: PIN 884.01 | | | N |
| 2 WATER WELL OWNER: LOVALY NC PSAULWOOD RR#, St. Address, Box # : ZIDL Hiawatta City, State, ZIP Code : William Falls, TX Data Collection Method: Survey | | | |
| 3 LOCATE WELL'S 4 DEPTH LOCATION | OF COMPLETED WELL | 1 ft. | 1 |
| | Groundwater Encountered (1) | ft. (2) ft. | (3) ft. |
| SECTION BOX: WELL'S S | SECTION BOX: WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | |
| N Pu | Pump test data: Well water wasft. after | | |
| WETT W | ATER TO BE USED AS: 5 Public wa | | |
| w NW - 1 E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) | | | |
| 2 Irrigation | on 4 Industrial 7 Domestic (lav | vn & garden) 1 Monitoring well | |
| SW SE Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs | | | |
| Sample was submitted | | | |
| S | | | |
| 5 TYPE OF CASING USED: | 5 Wrought Iron 8 Concrete to 6 Asbestos-Cement 9 Other (spe | ile CASING JOINTS: C | Slued Clamped |
| 1 Steel 3 RMP (SR) 2 PVC 4 ABS | 7 Fiberglass | city below) v | Velded |
| Blank casing diameter | | | |
| Casing height above land surface | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify) | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | |
| 1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) | | | |
| SCREEN-PERFORATED INTERVALS: From | | | |
| | From ft. to | ft., From | . ft. to ft. |
| From | | | |
| | | | |
| 6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Dentonite 4 Other Grout Intervals: From | | | |
| What is the nearest source of possible contamination: | | | |
| 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify | | | |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon Truel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well | | | |
| 3 Watertight sewer lines 6 S Direction from well? | | nany feet? | |
| | | | NG INTERVALS |
| 0 1 Silty yay | Stiff dry ovange tran | no oder | |
| 3 5 Silty clay | blackgary soft d | sup sitodor | |
| 13 15 Siltianeu | chay grey black; V.s | off daup, no odor | |
| 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14 | e oder | | |
| 23 25 M | J- | | |
| 20 M Wet | ac am dalk war as | ndoc | |
| 3) Sand rue | gr. greyblk, wot, pe | Davy | |
| | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged | | | |
| under my jurisdiction and was completed on (mo/day/year) | | | |
| under the business name of by (signature) | | | |
| INSTRUCTIONS: Use typewriter of ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone | | | |
| 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at | | | |
| http://www.kdhe.state.ks.us/geo/waterwells. | | | |

KSA 82a-1212