Plagred Well	
WATER WELL RECORD Form WWC-5 P Division of Water Resources App. No.	
1 LOCATION OF WATER WELL: Fraction Section Num	umber Township No. Range Number
County: Lea Venuo 24 NE1/4 NE1/4 SU1/4 Street/Rural Address of Well Location; if unknown, distance & direction Global Posi	T N S R Z DE W
from nearest town or intersection: If at owner's address, check here \( \bar{\mathbb{L}} \). Latitude:	
Longitude: (in decimal degrees)	
Elevation:	
2 WATER WELL OWNER: Collection Method:	
RR#, Street Address, Box #: 203 4 3 Sand not T Rt GPS unit (Make/Model:	
RR#, Street Address, Box #: JO3 43 SQrdn6ky Rt GPS unit (Make/Model:	
3 LOCATE WELL	
SECTION BOX: Depth(s) Groundwater Encountered (1)	
WELL'S STATIC WATER LEVEL. 2.6ft. below land surface measured on mo/day/yr\$\$\$	
Pump test data: Well water was	
W NW NE E EST. YIELD. 3	
WELL WATER TO BE USED AS:	
Domestic Feedlot Oil field water supply Dewatering Other (Specify below)	
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well	
S If yes, mo/day/yr sample was submitted	
Water well disinfected? Yes   No	
5 TYPE OF CASING USED:  Steel PVC Other	
CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fin. to ft., Diameter in. to ft., Diameter ft., Diame	
Casing height above land surface 3.4	
TYPE OF SCREEN OR PERFORATION MATERIAL:	
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)	
SCREEN OR PERFORATION OPENINGS ARE:	
Continuous slot	
Louvered shutter	
From ft. to ft., From ft. to ft.	
GRAVEL PACK INTERVALS: From	
From	
Grout Intervals: From	
What is the nearest source of possible contamination:	
	secticide storage
☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well	
	THO. LOG (cont.) or PLUGGING INTERVALS
FROM TO LITHOLOGIC LOG FROM TO LIT	THO. LOG (COIII.) OF FLOODING INTERVALS
80 0 Be	entanto ch. ps Battam
	o top
Unaged Well	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged	
under my jurisdiction and was completed on (mo/day/year)	
under the business name of Z. A. S. Laran Dw. Tra	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.	
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at	
http://www.kdheks.gov/waterwell/index.html.  KSA 82a-1212	