WATER	WELL R	<b>ECORD</b>	Form W	WC-5		Divi	sion of Water	г		I		
		Correction					urces App. N			Well ID		
1 LOCAT	ON OF W	N SON	L: I	Fraction WASE 45E 4	4	Sect	ion Number	r Town	nship Numl	per Rai	nge Number	
2 WELL C	WNER: L	ast Name: 2	MENT	First William	Str		al Address v					
Business: direction from nearest town or intersection): If at owner's address, check here:												
Address: 1922 EAGLE RICHGERA. From Upland GO NOVED THE MIN'S City: MINTON State: HS ZIP: 66514 ON ROSE RA. Property ON EAST												
	Word		State: HS	ZIP: 66514	O	U R	iñ R	1. Pn	MITY	ON EN	Si	
3 LOCATE WELL A DEPTH OF COMPLETED WELL: 160 ft 5 Latitude N 390 57. 266 (decimal degrees)												
WITH "X		Depth(s) G	roundwater En	countered: 1).	14	ft.	Langi	tud de	970 D	1.255	(decimal degrees)	
SECTION N		2)	ft. 3)	ft., or 4)	$\Box P$	y Well	Horizo	ental Datum	n: WGS 8	4 □ NAD	.(decimal degrees) 83  NAD 27	
				ER LEVEL:/O		P5/20	9 Source	for Latitu	de/Longitud	وزر مرم مرزع	E TOPYZO	
NW	,			neasured on (mo-day neasured on (mo-day							No)	
1	NE	Pump test d	test data: Well water was ft.			☐ Land Survey ☐ Topographic Map						
w	E	after	oumping		1	_ O	nline Mapp	per:				
sw	SE	after	Well wa									
	×	Estimated \	Yield: <b>4/1)</b>	oumping	gpu	4,					d Level 🔲 TOC	
· S			Diameter:	7 in. to . 1.60			Source				opographic Map	
mile  in. toft.   Other												
7 WELL WATER TO BE USED AS:   1. Doggestic:   5.												
1. Doptestic:	Thousehold 5. ☐ Pewatering: how many wells?											
	Lawn & Garden 7. Aquifer Recharge: well ID											
_	☐ Livestock 8. ☐ Monitoring: well ID								w many bor			
2. ☐ Irrigation 3. ☐ Feedlot	2. ☐ Irrigation 9. Environmental Remediation: well ID. 3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						,					
4. Industri		_	Recovery	☐ Injection	EXII	acuon						
4.  Industrial Recovery Injection 13. Other (specify):												
Water well disinfected? Yes No												
8 TYPE OF CASING USED:   Steel DPVC Other CASING JOINTS: DGued Clarged D Welded D Threaded												
Casing diameter												
Casing height above land surface												
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel Fiberglass DPVC Other (Specify)												
TYPE OF SCREEN OR PERFORATION MATERIAL:   Steel												
□ Continuous Slot												
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)  SCREEN-PERFORATED INTERVALS: From												
GRAVEL PACK INTERVALS: From												
9 CROUT	9 CROUT MATERIAL: Nest cement Coment grout TRentonite Cother											
Grout Intervals: From												
Nearest source of possible contamination: World LLOSO												
☐ Septic		_	Lateral Lines   Cess Pool	☐ Pit Privy ☐ Sewage I		_	Livestock Pe Fuel Storage			ticide Storaș doned Wate		
	ight Sewer L		Seepage Pit	☐ Feedyard			Fertilizer Sto			Vell/Gas We	1	
Other (	Specify)					_		Ū			_	
				Distance from	well?							
10 FROM	TO	70.6	LITHOLOG	IC LOG	-	FPOM	TQ				NG INTERVALS	
1	6	PARTIE DE		**************************************	+	00	121	Brow	100 5 ha	) DT		
9	10	Brown !	CLOY		$\overline{}$	121	127	BANGE	Cha	Le		
10	24	VI	Shel	?	_	127	174	Line	VON	<u> </u>		
24	1/6	Brun	Shal	_	1	134	128	PAN	256	20		
46	52	Lines	Tork		1	124	IIA	Lim	LTON .	110	atio	
52	67	Gourie	h Shel	£	$\Box$	Notes:	100	Start!	701 V	(		
67 71 Limbson												
71	88	604 S	boll			da i						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2												
Kansas Water Well Contractor's License No												
under the business name of												
Mail 1 white copy along with a fee of \$5.00 of each constructed well to: Kansas Department of Health and Environment, Bureau of Wite, WTS 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.												
				66612-1367. Mail one				one for you	records/Tele			
Visit us at htt	p://www.kdhe	ks.gov/waterwe	II/index.html		K	SA 82a-12	414			Kevi	sed 1/20/2015	