WATER WELL RECORD Form WWC-5 Division of Water							
Original Record Correction Change		ange in Well Use	Resources App. No.			Well ID	
		Fraction	i i	tion Number	,		
County: G	5	50 450 4 4		34	<u> 12T </u>	RIQME UW	
2 WELL OWNER: Last Name: Ungern First: Glenn Street or Rural Address where well is located (if unknown, distance and							
Business: direction from nearest town or intersection): If at owner's address, check here:							
Address: 300 w 40±0 st. 1907 260th Ave Hors kg							
City: Hays	State: K	5 ZIP:67601					
3 LOCATE WELL	A DEDTH OF C		26 0	F 8 434	28.96	06192	
WITH "X" IN	4 DEPTH OF COMPLETED WELL: 26 ft. Depth(s) Groundwater Encountered: 1) ft.			5 Latitude: 38,9606193 (decimal degrees) Longitude: 99.3017094 (decimal degrees)			
SECTION BOX:	2) ft., or 4) \[\subseteq \text{Dry We}			Horizontal Datum: WGS 84 NAD 83 NAD 27			
N	WELL'S STATIC WATER LEVEL:			Source for Latitude/Langitude:			
	below land surface, measured on (mo-day-yr)			GPS (unit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)			(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was			☐ Land Survey ☐ Topographic Map			
W	after3 hours pumping2			Monline Mapper: 9.009.			
SW SE	after						
	Estimated Yield:			6 Elevation:ft. Ground Level TOC			
S	Bore Hole Diameter: in. to ft. an			Source:			
1 mile in, to ft.							
7 WELL WATER TO		Western Consensation 11 775		10 57 07	TO: -1.1 TO CO		
1. Domestic: **Mousehold**	5. Public Water Supply: well ID			10. ☐ Oil Field Water Supply: lease			
X.Lawn & Garden				☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock	8. Monitoring: well ID			12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID			a) Closed Loop Horizontal Vertical			
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction			b) Open Loop Surface Discharge Inj. of Water			
4. \square Industrial \square Recovery \square Injection 13. \square 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 diameter							
Casing height above land surface							
☐ 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							
SCREEN-PERFORAT	ED INTERVALS: F	rom	ft., From	ft. to	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:							
Septic Tank							
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well							
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well							
Other (Specify) Direction from well? Distance from well? DISTANCE FROM TO LITTLE LOG (cont.) or DI LIGHING INTERVALS.							
Direction from well? 10 FROM TO		OGIC LOG	FROM	TO []	ITHO LOG (cont.)	:. r PLUGGING INTERVALS	
AU ANOM TO	LHIVI	JUIL LUU	TAOW	10	ATTO, LOG (COIII.) 0	LI LOUGHNO INTERVALO	
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Distriction on present in a term of the company and an extraction of the company	Notes:						
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **Constructed, **Drugged** reconstructed, or **Drugged**							
under my jurisdiction and was completed on (mo-day-year)							
under the business nam	e ofO.LINE	5 1 ms wa	Sic	enature . «	Haim Chive-	caj	
Mail 1 white copy al	ong with a fee of \$5.00 for	each constructed well to: Kar	sas Department	of Health and E	nvironment, Bureau of W	/ater, 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 8				2a-1212 Revised 7/10/2015			