WATER WELL RECORD	Form W	WC-5	Di	vision of Wate	r Resources App. No	o.	
1 LOCATION OF WATER WELL:	Fraction				Township No.		
County: DaugLAS	NE 14 NE 14 S	<i>V</i> /4 /4		20		R 200€ □W	
Street/Rural Address of Well Location:					System (GPS) in		
from nearest town or intersection: If at owner's address, check here				Latitude:			
970 N8+ LAURENCE, ES 66044				Elevation:			
2 WATER WELL OWNER: PAT 2 MOSS RR#, Street Address, Box #: 25 700 Phum RSE LANE City, State, ZIP Code : 25 700 Phum RSE LANE			Collec	Collection Method:			
City State 7IB Code 25 700 PAYM BSE LANE				☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
City, State, 21r code	WRENCE IKS	6604	Est. A	ccuracy: \square	3 m, ☐ 3-5 m, ☐	5-15 m,	
1.3 LOCATE WELL	•		4		· - · · -		
	COMPLETED WEL				0 (2) 0	
SECTION BOX: Depth(s) Groun	WELL'S STATIC WATER LEVEL						
Pump test data: Well water was							
EST. YIELDgpm. Well water was							
W E Bore Hole Diameter							
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well							
-sw -sg A Domestic Feediot On field water supply Dewatering Other (specify below)							
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well							
S If yes, mo/day/yr sample was submitted							
1 mile 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 in to ft.							
Casing height above land surface							
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) ☐ Brass ☐ Galvanized Steel ☐ None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
Continuous slot							
Louvered shutter							
From							
GRAVEL PACK INTERVALS: From							
From							
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
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What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)							
Sewer lines							
☐ Watertight sewer lines ☐ Seepage Direction from well		Fertilizer		∐Oił well/ga ell	<i>T 0</i>) •	727	
FROM TO LITHOLO	ar i ng	FROM	TO			GGING INTERVALS	
TROM TO EITHOLO	oic Loo	TROM	,	DITTIO. E.	/	I A A	
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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) and this record is true to the best of my knowledge and belief							
under my jurisdiction and was completed on (mo/day/year)							
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLLASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies							
(white, blue, pink) to Kansas Department of Healt	n and Environment, Bureau	of Water, Geoi	ogy Section	on, 1000 SW Ja-	ckson 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							