WA	TER	WELL	RECORD	Form V	WWC-5		Divi	ision of Water		Well ID		
	LOCATION OF WATER WELL Fraction						Sec	tion Number	Township Numb	ownship Number Range Number		
1 L (County: Leavenworth SE ¼ NE ¼ NW ½							2 T 12 S R 20 \blacksquare E \square W				
2 W	WELL OWNER: Last Name: WAYMENT First: KEITH Street or Rural Address where well is located (if unknown, distance										, distance and	
Bu	usiness:					di	direction from nearest town or intersection): If at owner's address, check here:					
A	address: 24841 STILLWELL ROAD											
Ci	ity:	LAWREI	NCE	State: KS	ZIP: 66044							
3 L	OCATI	E WELL	4 DEDTU	OF COM	IDI ETED WI		151 n	5 Latitu	da: 39.0435	43	(desimal degrees)	
W	TH " ?	(" IN	Depth(s) Groundwater Encountered: 1)					Longitude: -95.154781 (decimal degrees)				
SI	ECTIO	N BOX:	2)	ft. 3	3) ft.,	or 4) 🔲	Dry Well	Horizo	ntal Datum: WGS 8	4 🗆 NAD	83 🗆 NAD 27	
·	WELL'S STATIC WATER LEVEL:							Source for Latitude/Longitude:				
	XI below land surface, measured on (mo-day-yr).0//1//2010	$\Box GPS (unit make/model:)$				
	NW NE Dump test data: Well water was)		$(WAAS enabled? \square Yes \square No)$			
w	_		after	after					Online Mapper: WGS84			
			Well water was ft.						F F			
	Sw	SE	after	after hours pumping gpm					tion: f		Level □ TOC	
L		_	Estimated Y	Estimated Yield: 49gpm Bore Hole Diameter: 8 3/4 in to 151 ft and				Source: Land Survey GPS Topographic Map				
1 mile			Bore Hore L	in. to					□ Other			
7 WELL WATER TO BE USED AS:												
1. Domestic: 5. Dublic Water Supply: well ID 10. Oil Field Water Supply: lease												
	Househ	old	6. 🗆	6. Dewatering: how many wells?				11. Test Hole: well ID				
	Lawn &	k Garden	7. 🗆	7. Aquifer Recharge: well ID				Cased Uncased Uceotechnical				
	Irrigatio	on and a second se	9. Er	vironment	al Remediation:	well ID		a) Clo	osed Loop 🔲 Horizon	tal 🗌 Vert	ical	
3. ☐ Feedlot					Soil Vapor Extraction			b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water				
4. 🗖	Industr	ial		Recovery	🗌 Injec	tion		13. 🗌 Ot	ner (specify):			
Was a chemical/bacteriological sample submitted to KDHE? 🗌 Yes 🔳 No If yes, date sample was submitted:												
Water well disinfected? Wes No												
8 TYPE OF CASING USED: \Box Steel \blacksquare PVC \Box Other CASING JOINTS: \blacksquare Glued \Box Clamped \Box Welded \Box Threaded												
Casing beight above land surface 24 in Weight SDR21 lbs/ft Wall thickness or gauge No. 200 PSI												
TYPE OF SCREEN OR PERFORATION MATERIAL:												
□ Steel □ Stainless Steel □ Fiberglass ■ PVC □ Other (Specify)												
□ Brass □ Galvanized Steel □ Concrete tile □ None used (open hole)												
SCR	EEN O	R PERFO	RATION OPE	NINGS A	RE:	— T			Charles (Specify)			
	Contin	uous Slot		ved ⊡Wu	auze wrapped		Cut D	Ione (Open H	ole)			
SCR	EEN-P	ERFORA'	TED INTERV	ALS: From	n131 ft. to	151	ft., From .	ft. to	ft., From	ft. to	ft.	
GRAVEL PACK INTERVALS: From												
9 G	ROUT	MATER	AL: DNeat	ement [Cement grout	Ben	tonite 🛛 🕻)ther				
Grou	t Interva	als: From .			ft., From	fi	. to	ft., From .	ft. to	ft.		
Near	est sou	rce of possi Fank	ble contaminati	0 n: ateral Line	e 🗆 Pit i	Priva		Livestock Per	ns 🗆 Insect	icide Storag		
	Sewer I	Lines		Cess Pool		vage Lag	oon 🗌	Fuel Storage		loned Water	Well	
	Waterti	ght Sewer I	Lines 🗍 S	Seepage Pit	Fee	dyard		Fertilizer Sto	rage 🗌 Oil W	ell/Gas Well	1	
Other (Specify)												
10 F	ROM	TO	л <u>ну</u> т	ITHOI O	GIC LOG	from we	FROM	TO	LITHO, LOG (cont.) c	r PLUGGN	GINTERVALS	
0	KOM	2	SOIL/CLAY				I ROM		2.1110.200 (0011.)(C III DRUTALD	
2		14	YELLOW SA	YELLOW SANDSTONE								
14		144	GREY SAND	STONE								
144		151	LIME									
							Natar					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was in constructed, i reconstructed, or i plugged												
under my jurisdiction and was completed on (mo-day-year) .07/1.3/20.18 and this record is true to the best of my knowledge and belief.												
Kansas water well Contractor's License No. 991												
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section.												
	1000	SW Jackson	St., Suite 420, Top	eka, Kansas	66612-1367. Mai	il one to W	ater Well Ow	ner and retain o	ne for your records. Telep	hone 785-296	-5524.	
Visit	us at httr	//www.kdhe	ks.gov/waterwell/i	ndex html		H	KSA 82a-12	212		Revise	17/10/2015	