WATER WELL RECORD		Form WWC-5		Division of Water Resources; App. No.			
1 LOCATION OF WAT		Fraction SE 1/4 SE 1/4/1	1/4	Section Nu 34		Township Number T /5 S	Range Number R 5 EW
Distance and direction from nearest town or city street address of well if located within city? Company West 5 2 5006 Latitude:						Systems (decimal degr	rees, min. of 4 digits)
2 WATER WELL OWN RR#, St. Address, Box City, State, ZIP Code	# : 650, Sol	2) mnerm 1) 2800 R. ty, Ks 668		Elevation Datum:	•		
3 LOCATE WELL'S	4 DEPTH OF COMP	///		Data Coll		Aetnoa:	According to the Armental and Company of the Armental and
N	Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/y/M.a.r. ft. Pump test data: Well water was ft. after hours pumping gpm						
W NW NE W E	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes; If yes, mo/day/yrs Sample was submitted							
5 TYPE OF CASING US 1 Steel 3 RMP 2 PVC 4 ABS	_	Cement 9 Othe	r (specify b	elow)			•••••
Blank casing diameter							
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)							
From							
Grout Intervals: From							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well							16 Other (specify below)
FROM TO	LITHOLOGIC		FROM	TO		PLUGGING INTE	
0 "	ODSOIT	***************************************	65	77	Sh	ale Gran	STATE OF THE PARTY
3 15 C/2	2 BEN		27	80	LL	ne TAN	At the state of th
15 16 Fr	de line						
	off Glog	301					***************************************
55 77 9	= Shale Green						89000
7 3 3	nf /e/ - 1	rde					XXXX
21 49 6 49 51 11 51 56 S 56 57 11	me Yel Sol	C/-					Processing to the second secon
	nr Free Ye	./					
60 65 LIME Harder							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year). In and this record is true to the best of my knowledge and belief.							
Kansas Water Well Contractor's License No							
under the business name of Ziva Water Well Dola by (signature)							
INSTRUCTIONS: Use typewrit	ter or ball point pen. PLEAS	E PRESS FIRMLY and .	PRINT clearly	7. Please fil	l ig blanks	underline or circle the co	rrect answers. Send top
three copies to Kansas Departmen	nt of Health and Environment	, Bureau of Water, Geol	ogy Section,	1000 SW Jac	ckson St., S	Suite 420, Topeka, Kansas	66612-1367. Telephone
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.							