| | TER WELL RECORD Form WWC-5 | | | sion of Water | | W 11 15 | |
|---|--|---------------------------------------|-----------------------------------|---------------------------------|---|---------------------------|--|
| | iginal Record Correction Change in Well Use | | Resources App. No. Section Number | | Township Numb | Well ID er Range Number | |
| 1 LOCATION OF W County: Dich | ATER WELL: | Fraction 4 Sw/Sw/ | Can Sec | tion Number | T S | R 3 E W | |
| 2 WELL OWNED: | ect Name: 1) 1 1/ | First: John | | | | (if unknown, distance and | |
| | | | | | | | |
| Address: 1331 400 AVC | | | | | | | |
| Address: HODE State: BQ ZIP:67437 325 2 W HOPE | | | | | | | |
| City: // C | | | | - 'Y | TOP - | | |
| WITH "X" IN | 4 DEPTH OF COM | 1PLETED WELL; | <i>. با</i> ft. | | | (decimal degrees) | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) ft. | | | Longitude:(decimal degrees) | | | |
| N | 2) ft. 3) ft., or 4) ☐ Dry Well WELL'S STATIC WATER LEVEL: ft. | | | Datum: WGS 84 NAD 83 NAD 27 | | | |
| | below land surface, measured on (mo-day-yr) | | | | Source for Latitude/Longitude: GPS (unit make/model: | | |
| NW NE | above land surface, measured on (mo-day-yr). 4.7.4. | | | | (WAAS enabled? Yes No) | | |
| NW NE | Pump test data: Well water was | | | ☐ Land Survey ☐ Topographic Map | | | |
| \mathbf{w} | after hours pumping gpm | | | Online Mapper: | | | |
| SW SE | Well water was ft. | | | | | | |
| X I | | pumping | . gpm | 6 Elevation | n:ft | . Ground Level TOC | |
| S | Rore Hole Diameter: | Estimated Yield: | | | Source: Land Survey GPS Topographic Map | | |
| mile | Bore Hole Diameter: | | | | ☐ Other | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | 5. 🗌 Public Wa | nter Supply: well ID | | 10. 🔲 Oil Fie | eld Water Supply: 10 | ease | |
| ☐ Household | 6. Dewatering: how many wells? | | | | 11. Test Hole: well ID | | |
| Lawn & Garden | | 7. Aquifer Recharge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | |
| Livestock | | 8. Monitoring: well ID | | | 12. Geothermal: how many bores? | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environment | 9. Environmental Remediation: well ID | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | |
| 4. ☐ Industrial | Recovery Injection | | | | 13. Other (specify): | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes If yes, date sample was submitted: | | | | | | | |
| Water well disinfected? Yes \(\subseteq \) No | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| Casing diameter | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| ☐ 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-PERFORATED INTERVALS: From | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Nearest source of possible contamination: ☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage | | | | | | | |
| ☐ Septic Tank ☐ Sewer Lines | ☐ Cess Pool | es ☐ Pit Privy ☐ Sewage L | _ | Fuel Storage | | oned Water Well | |
| ☐ Watertight Sewer Lin | | | | Fertilizer Storage | | ell/Gas Well | |
| Other (Specify) | | | | | | | |
| Direction from well? In Pasture Distance from well? Non E. Within 2 mi | | | | | | | |
| 10 FROM TO | LITHOLO | | FROM | TO LIT | THO. LOG (cont.) o | PLUGGING INTERVALS | |
| 0 25 | | xed Shall | | ļ. | | | |
| 25 63 | Gray Sha | | rter | | | | |
| 13 65 | TUMPIES | Shala -Wa | cer | | | | |
| 15 | Gray Shall | ~ | | | | | |
| | * | | | | | | |
| | | | Notes: | L | | | |
| | | | | | | | |
| | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-pay-year) | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) 7.7.7.7 | | | | | | | |
| | | | | • | ` . | , | |
| under the business name of | | | | | | | |
| Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. | | | | | | | |

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Visit us at http://www.kdheks.gov/waterwell/index.html