WATE	R WELL		Form WWC-5					Division of Water Resources; App. No.											
1 LOC	ATION O	F WAT			:	Fra	action				ction Nu	ımber	To	wnshi	p Number		Rang	ge Nun	nber
Coun	ty: nce and dir	20_				58	E 14 NE	1/4 N	W 1/4		17		Т	19	S		R [IE	E/W
			rom n	earest	town or	city str	eet addre	Global Positioning Systems (decimal degrees, min. of 4 digits)									digits)		
	ed within c		0	. с	0000	0.0	Va			Latitude:									
2 WA	TER WEI	LOW	VER.	Red	1100	KICI,	ua, KS				Longitude:								
2 WATER WELL OWNER: Red Line RR#, St. Address, Box # : 2805 Vel						LE DE.				Elevation: Datum:									
City,	State, ZIP	Code	:	Em	20E1G.	KS					atum: ata Colle	action 1	Mati	aod:					
	ATE WEI						red we	T.T.	20	_	ata Com			iou.					
	ATION				51 CO 1.		LDD III			٠٠٠٠	• • • • • • • • • • • • • • • • • • • •	16.							
WIT	H AN "X"												ft.						
SEC	TION BOX	X:	WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr																
	N	_	Pump test data: Well water was ft. after hours pumping gpm																
į l	Est. Yieldgpm: Well water was												gpm						
w NV	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)											elow)							
* 	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (1) Monitoring well																		
'																			
	1 35	Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs																	
	Sample was submitted																		
	S																		
5 TYPE	OF CAS	ING US	SED:	5	Wrough	t Iron		8 Conc	rete tile		(CASIN	G JO	INTS	: Glued	••••	Cla	ımped.	
	Steel	3 RMP	(SR)	6	Asbesto	s-Cem	ent	9 Other	(specif	y be	low)				Welded		٠٠	······	• • • • • • • • • • • • • • • • • • • •
Blank ca	PVC using diame	4 ABS	2	in to	Fibergia	iss 7 f	t Diama	tor	•••••	 in t	to.		Dia	 matar	Thread	ea		A	
Casing h	eight abov	e land s	urface	III. W		it	ı., Diaine	t		lhs.	./ft. V	1t., Wall thic	ckne	ss or s	ліаде No.	S.	CH	4C)
TYPE O	F SCREEN	N OR P	ERFO	RATIO	ON MAT	TERIA	L:								_				•••••
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)																			
	Brass	4 Galv	anized	Steal	6 Co	ncrete	tile 8 F	RM (SR	10	Asb	estos-Ce	ement	12	None	used (ope	n ho	ole)		
	OR PER						1	1 77	1		0 D.:11.	111.		1137		1 1 .			
2	Continuous	s sioi shutter	4 Kes	II SIOI	bed 6	Wire v	a wrappe	a / 1	orcn cu	τ	9 Drille	a noies : (specif	67)	II N	one (open	noie	:)		
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)																			
					Fron	a	<u>.</u>	. ft. to .			ft., I	From			ft. to				ft.
From													ft.						
					Fron	n	•••••	. ft. to .	• • • • • • • • • • • • • • • • • • • •	••••	ft., I	From	•••••	• • • • • • •	ft. to	• • • • • •			ft.
6 GRO	UT MATE	ERIAL:	O	Veat ce	ment	2 Cem	ent grout	(3)Be	ntonite	4 (Other								
Grout In	tervals:	Fron	Ø	0	. ft. to	2	ft., F1	ron 3.	2	. ft.	to &	? f	t., Fr	om			. ft. t	0	ft.
	the nearest		of pos																
	Septic tank				eral lines				0 Lives						torage			er (spe	cify
	Sewer lines Watertight		inaa		s pool		wage lage		DFuel s						water well		belo	,	
	n from wel				page pit		eedyard				Storage			ell/gas	wen		• • • • • •	• • • • • • •	• • • • • • • • • • • • • • • • • • • •
FROM	TO				HOLOG				FRON		TO				GING IN		VAI	S	• • • • • • • • • • • • • • • • • • • •
0	I	Pal	Kin			Ray				+									
1	ā	Clau	LW	BIH			IO, NO	odor											
5	01	Clau	w	Sil			0.1												
10	15	Cla	μu	7 SI	 	an,	NOC	dol											
is	<i>a</i> o	Clai	$i\omega$	151	t,ta	a gi	eay,1	NO _	+										
		ode	<u> </u>		70.00					-	-								
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		_		-						+						-			
									 	\dashv									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged														gged					
under my jurisdiction and was completed on (mo/day/year) 1. 129.1.18 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) 1. 24.1.18																			
Kansas	Water Well	l Contra	ctor's	Licens	se No 🛭	9. J <i>Y</i> .	This	Water	Well Re	ecore	d was co	mpleted	d oxi	(mo/d	ay/year) .	2/	Z.C.	1.4.8	
under the business name of by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top																			
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone												sena top elephone							
785-296-5	 Send 	l one to) WAI	TER W	ELL OW	NER a	and retain	one fo	r your	recor	ds. Fee	of \$5.	.00 f	or eac	ch construc	<u>ted</u>	well.	Visit	t us at
nttp://www	v.kdheks.gov/	waterwel	l/index.	html.															