WATER WELL RECORD Form WWC-5					rision of Water					
Original Record Correction Change in Well Use			Resources App. No.				Well ID			
1 LOCATION OF WATER WELL: Fraction County: YY Corrion 45 48				Section Number   Township Number   Range Number   T   S   R   R   D   E   W						
		- December	74) W/4JG 73	Street or Du	rol Address x	3				
2 WELL OWNER: Last Name: Business: Helmen Business: Street or Rural Address where well is located (if unknown, distance direction from nearest town or intersection): If at owner's address, check he										
Address: 2467	HWY /		·							
Address: 2701 City: Mario	33/E 15 Marion									
3 LOCATE WELL			Play Self	110	7					
WITH "X" IN			ETED WELL:					(decimal degrees)		
SECTION BOX:			ountered: 1) . <b>4.</b>		Tongs and the second					
N	2) ft. 3) ft., or 4) WELL'S STATIC WATER LEVEL:									
	below land surface, measured on (mo-day above land surface, measured on (mo-day above land surface, measured on (mo-day above land surface).									
NW NE					(WAAS enabled? ☐ Yes ☐ No)					
	Pump test data: Well water was				☐ Land Survey ☐ Topographic Map					
W E	anter		nping was		Online Mapper:					
SWSE	after hours pumping gpr									
	Estimated Y	ield: Al, H. g	gpm /	٠	6 Elevation:ft. Ground Level TOC					
S	Bore Hole Diameter: in. to				and Source: Land Survey GPS Topographic Map					
1 mile										
1. Domestic:			Supply: well ID		10 [7.08	Field Water	Sunnly: Jeac	a		
Household	5. ☐ Public Water Supply: well ID					10.  Oil Field Water Supply: lease				
Lawn & Garden	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?				
2. ☐ Irrigation 3. ☐ Feedlot					a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
4. Industrial		Air Sparge Recovery	☐ Soil Vapor : ☐ Injection	extraction						
4. \[ \] Industrial \[ \] Recovery \[ \] Injection \[ 13. \[ \] Other (specify):\]  Was a chemical/bacteriological-sample submitted to KDHE? \[ \] Yes \[ \] No \[ \] If yes, date sample was submitted:\]										
Water well disinfected? Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \										
8 TYPE OF CASING USED: Steel PVC Other										
Casing diameter										
Casing height above land surface in. Weight J. D. He. Ibs./ft. Wall thickness or gauge No. J. J. J. J. Weight J. D. He. Ibs./ft.										
TYPE OF SCREEN OR PERFORATION MATERIAL:         □ Steel       □ Fiberglass       □ Other (Specify)										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
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 □ ft. to ft., From ft., From ft. to ft., From ft.										
								ft. to ft. ft. to ft.		
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other										
Nearest source of possibl					,					
Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Per		Insecticide	•		
Sewer Lines		Cess Pool	Sewage La		Fuel Storage Fertilizer Stor		_  Abandone □ Oil Well/0	ed Water Well		
☐ Watertight Sewer Lin☐ Other (Specify)		Seepage Pit	☐ Feedyard			1.		450		
Direction from well?	v.S.t.v.r.c	2	Distance from w	re11? [N.O.D.C	e With.	n.P.mi	ft. <i>C</i>	Pattle		
10 FROM TO		LITHOLOGIC		FROM				LUGGING INTERVALS		
0 5	TOP SO	51								
5 25	Line S	Long		<i>.</i> .						
25 69	<u>Y &amp;/ 1/2/W</u>		mixed h	in a						
01- 6019	1380	Shale								
67 79	A ME	Stene	ne + Wate	⊅ jt						
DR 100	1) hite	15001	Hard	Notes:	<u> </u>					
0 0 1 0 7	of 13 the	1)4(1)	i cor p sh							
						and the same of th				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a 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.										
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo-day-year)										
under the business name of LACAME Janily										
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.										
Department of He	eann and Environi	nent, Bureau of Wate	r, Geology Section, 100	u SW Jackson St.,	Suite 420, Topeka	a, Kansas 66612-1	50/. Telephone	(783) 296-3365.		

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