| WATER WELL RECO |)RD | Form WWC-5 | Division of Wat | ter Resources App. N | |
|--|--|---|---|-------------------------|---|
| 1 LOCATION OF WATE | | | Section Number | | Range Number |
| County: GNEEN U | 100d 1 1/4 | 1 48W4SE | | | |
| Street/Rural Address of V from nearest town or inte OFF 3 6 5 12 5 4 INTENSECTION OF WEST OF | address, check here | Latitude: 1.2.7. Longitude: 1.0.5 Elevation: 1.1.1 Datum: 1.1.1 WGS | Global Positioning System (GPS) information: Latitude: ルスマックマックス・ムスス (in decimal degrees) Longitude: W 096、09、アファ (in decimal degrees) Elevation: | | |
| 2 WATER WELL OWNER: OKY USA! INC | | | | : | |
| | JC M GPS unit (Ma Digital Map/P Est. Accuracy: | ☐ GPS unit (Make/Model: .decade) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | |
| 3 LOCATE WELL | DAVIAS TX | ETED WELL | 10 . | • | |
| SECTION BOX: | Depth(s) Groundwater E WELL'S STATIC WAT | Encountered (1) | ft. (2) ft. below land surface | ft. (e measured on mo/d | lay/yr. 4-10-14 |
| | | a: Well water was | | | |
| W SW P- SE C V | Bore Hole Diameter WELL WATER TO BE Domestic Fee Irrigation Ind Was a chemical/bacterion | n. Well water was | ft., andir ater supply | n. to | .ft. Injection well Other (Specify below) |
| 5 TYPE OF CASING USI | | PVC Other | | | |
| CASING JOINTS: Glued Clamped Welded Threaded Casing diameter In. to In. | | | | | |
| ☐ Continuous slot ☐ Mill slot ☐ Gauze wrapped ☐ Torch cut ☐ Drilled holes ☐ None (open hole) | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | |
| SCREEN-PERFORATED INTERVALS: From ft. to ft. | | | | | |
| GRAVEL PACK I | NTERVALS: From | ft. to | ft., From . | ft, | to ft. |
| | From | ft. to | ft., From . | ft. (| to fi |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | |
| Grout Intervals: From | | | | | |
| Septic tank Sewer lines Watertight sewer lines Direction from well | ☐ Lateral lines ☐ Pi☐ Cesspool ☐ Se | it privy | ige 🔲 Abandone | ed water well | er (specify below) |
| FROM TO | LITHOLOGIC LOG | | | | GGING INTERVALS |
| | 5 modstone | | | | OGENO HYTEKYZEK |
| 5 10 . | Smdstone | | | | |
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| | · | | | | |
| 7 CONTRACTOR'S OR I | ANDOWNED'S CED | TIEICATION: This was | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was K constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and tock the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 20, Topeka, Kansas 6612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at | | | | | |





General OXY Madison Site Map