WATER WELL RECORD		Form WWC-5		Di	Division of Water Resources App. No.			
1 LOCATION OF WATER WELL: County: Sedgwick		Fraction NW ¼ SE ¼ SW	1 1/4 1/	I .	on Number 28	Township No. T 25 S	Range Number R 1 ☑ E □W	
Street/Rural Address of Well Location; if unknown, distance & direction					l Positioning	System (GPS) in		
from nearest town or intersection: If at owner's address, check here \mathbf{Z} .					Latitude: (in decimal degrees)			
709 E Rolling View Dr					Longitude: (in decimal degrees)			
Park City, KS					Elevation:			
					Datum: WGS 84, NAD 83, NAD 27			
2 WATER WELL OWNER: Amy Millferd RR#, Street Address, Box #: 709 E Rolling View Dr				Collec	Collection Method: GPS unit (Make/Model:)			
City, State, ZIP Code : Park City, KS 6714				그 남	☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
	.V, NS 6/14/			Est. Accuracy: □ <3 m, □ 3-5 m, □ 5-15 m, □ >15 m				
3 LOCATE WELL			00	•				
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL 80 ft.								
SECTION BOX:	Depth(s) Groundwater Encountered (1).35 ft. (2) ft. (3) WELL'S STATIC WATER LEVEL.35 ft. below land surface measured on mo/day/yr.5/20/11							
	WELL'S STATIC WATER LEVELtt. below land surface measured on mo/day/yr. 2/40/.U							
Pump test data: Well water was								
W - NW NE - EST. YIELD 20gpm. Well water wasgpm. well water was					and in to ft			
						njection well		
l ew er							Other (Specify below)	
SW - -SE -								
Was a chemical/bacteriological sample submitted to Department? Yes No								
S If yes, mo/day/yr sample was submitted								
mile Water well disinfected? ☑ Yes □ No								
5 TYPE OF CASING USED: Steel PVC Other								
CASING JOINTS: ☑ Glued ☐ Clamped ☐ Welded ☐ Threaded								
Casing diameter .5								
Casing height above land surface12								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ 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: From40								
From								
From fl to f From A to A								
From								
Grout Intervals: From 3								
What is the nearest source	of possible conta	mination:				110111	16. 60	
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)								
✓ Sewer lines								
☐ Watertight sewer lir Direction from well .\$9		_ •	Fertilizer					
FROM TO	LITHOLOG	IC LOG	FROM	TO			IGGING INTERVALS	
0 25 Clay	Elitioboo	10 200	TROW	10	EIIIIO. EC	od (cont.) of 1 LC	OGING INTERVALS	
	Medium Sand							
45 80 Shale								
7 CONTRACTOR'S OR	LANDOWNED	S CERTIFICATIO	N. This		[7]			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ✓ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) .5/20/11								
Kansas Water Well Contractor's License No238 This Water Well Record was completed on mooday/year) .5/23/11								
under the business name of Premier Pump and Well Service, Inc. by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.								
(white, blue, pink) to Kansas Do	epartment of Health	and Environment, Bureau	of Water, Geo	logy Section	on, 1000 SW Jac	ekson St., Suite 420,	Topeka, Kansas 66612-1367.	
Telephone 785-296-5522. 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 http://www.kdheks.gov/waterwell/index.html.								
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy								