| WATER WELL RE | CORD | Form | WWC-5 | Division of Wate | r Resources App. No |) | |
|---|---|------------------------|---|---|------------------------|---------------------------|--|
| 1 LOCATION OF WA | | Fraction SWNE 1/4 | ALI CO | Section Number | Township No. | Range Number | |
| County: Solge | uch | SWAE 1/4/ | W 1/4 5 1/4 | 18 | T 26 S | | |
| Street/Rural Address of | of Well Location; | ii ulikilowii, ulstali | ce & direction | Gional Losinollina | | | |
| from nearest town or intersection: If at owner's address, check here . | | | | Latitude: (in decimal degrees) Longitude: (in decimal degrees) | | | |
| | | Elevation: | | | | | |
| 2 WATER WELL OWNER: Jom Ruggles | | | | Datum: WGS 84, NAD 83, NAD 27 | | | |
| RR#, Street Address, Box #: The Ruggles | | | | Collection Method: GPS unit (Make/Model:) | | | |
| RR#, Street Address, Box #: 5702 N Region Course | | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | | |
| 3 LOCATE WELL | (VIC | hela, Ko | | Est. Accuracy: < | 3 m, 3-5 m, 3 | 5-15 m, □ >15 m | |
| WITH AN "X" IN | 4 DEPTH OF | COMPLETED W | _{'ELL} 4S |) ft. | | | |
| SECTION BOX: | Depth(s) Groun | dwater Encountered | d (1), | ft. (2) | ft. (3 | 3)ft. | |
| WELL'S STATIC WATER LEVEL | | | | | | | |
| | Pump test data: Well water wasft. after | | | | | | |
| w NW NE EST. HELDgpm. well water was | | | | | | | |
| WELL WATER TO BE USED AS: | | | | | | | |
| SW SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | | | |
| | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | |
| mile | Water well disir | nfected? 🕱 Yes | ☐ No | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| CASING JOINTS: X Glued Clamped Welded Threaded | | | | | | | |
| Casing diameter | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Other (Specify) | | | | | | | |
| Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| ☐ Continuous slot | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From | | | | | | | |
| SCREEN-FERFURATED INTERVALS: From | | | | | | | |
| From | | | | | | | |
| From | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Septic tank | | | | | | | |
| Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well | | | | | | | |
| Direction from well | | it Feedyard | ☐ Fertilizer st | orage | | | |
| FROM TO | LITHOLOG | | FROM | | | GGING INTERVALS | |
| 0 2 yer | soil | | | | | | |
| 2 13 54 | ndy Cla | y | - | | | | |
| 13 44 1100 | course | sond g | Kava | | | | |
| 97 70 V | me sa | ne v | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ▼ constructed. ☐ reconstructed. or ☐ plugged | | | | | | | |
| 7 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) | | | | | | | |
| Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year) | | | | | | | |
| under the business name of | | | | | | | |
| (white, blue, pink) to Kansas I | Department of Health | and Environment, Bur | eau of Water, Geold | gy Section, 1000 SW Jac | kson St., Suite 420, T | opeka, 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 | | | | | | | |