WATER WELL RE	CORD	Form WV	WC-5	Division of Wate	r Resources App. No). L	
1 LOCATION OF W.	ATER WELL:	Fraction		Section Number	Township No.		
County: Jedan	Stycil Location	ISE 1/4 NW1/4 SW if unknown, distance &) 1/ ₄		T 26 S	R / ØE □W	
		owner's address, check		Global Positioning		(in decimal degrees)	
Longitude: (in decimal de							
Elevation:							
2 WATER WELL OWNER: Green Goell				Datum: WGS 84, NAD 83, NAD 27 Collection Method:			
RR#, Street Address, Box #: 2314 W Timbercreek Ct				GPS unit (Make/Model:)			
City, State, ZIP Code : Wichita, KS				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m			
3 LOCATE WELL							
WITH AN "X" IN SECTION BOX:					Α (2) A	
N N	Depth(s) Groundwater Encountered (1)						
	Pump test data: Well water wasft. after hours pumping gpm						
NW NE	-NWNE EST. YIELDgpm. Well water wasft. after hours pumping						
W	W						
Domestic							
Was a chemical/bacteriological sample submitted to Department? Yes No							
S If yes, mo/day/yr sample was submitted							
5 TYPE OF CASING USED: Steel PVC Other							
CASING JOINTS: M Glued Clamped Welded Threaded							
Casing diameter 5 in to 40 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in, Weight 160 lbs./ft., Wall thickness or gauge No. 26							
Casing height above land surface							
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)							
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)							
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft.							
From							
From							
6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other							
Grout Intervals: From O ft. to ft., From ft. to ft., From ft. to ft.							
What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)							
☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well							
Matertight sewer lines							
FROM TO	LITHOLOG		FROM		G (cont.) or PLU	GGING INTERVALS	
	My Clay						
14 40 Me	d Sandl						
						** ***	

					1947		
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)							
Kansas Water Well Contractor's License No. Coll This Water Well Record was completed on (mo/day/year) 5/5/11							
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. 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							
http://www.kdheks.gov/waterwell/index.html.							
KSA 82a-1212							