WATER WELL RECORD NE	SE NW SW Form W	WC-5	Division of Water	Resources App. No	,	
1 LOCATION OF WATER WELL County:			Section Number	Township No.		
Street/Rural Address of Well Locat	ion; if unknown, distance	& direction (Global Positioning		formation:	
from nearest town or intersection:	f at owner's address, chec	k here 🔲. 📙	Latitude:		(in decimal degrees)	
2114 timb	es Crook c	\mathcal{A}	Longitude: Elevation:		(in decimal degrees)	
	- 4	1 -	Datum: WGS 84			
2 WATER WELL OWNER: -my Haffines RR#, Street Address, Box #: -1/4 timber creak			Collection Method:			
RR#, Street Address, BOX #: 1/14 timber creak			☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
City, State, ZIP Code :	OXP G	1/	☐ Digital Map/Pho St. Accuracy: ☐ <	oto, 🔲 i opograpnic	SMap, Land Survey	
3 LOCATE WELL	<u> </u>			ли, <u>П</u> 5-5 и, <u>П</u>	5-15 m, 15 m	
WITH AN "X" IN 4 DEPTH	OF COMPLETED WEL	L 3/	, ft.			
SECTION BOX: Depth(s) Gr	oundwater Encountered	(1)	ft. (2)	ft. (3	3)ft.	
N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr						
P	Pump test data: Well water wasft. after					
W E Bore Hole I	Diameterin. to .		andin.	to1		
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well						
SWASE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well						
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well						
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted						
			•••••			
· Water well	disinfected? Yes					
5 TYPE OF CASING USED:						
CASING JOINTS: Glued Clamped Welded Threaded						
Casing diameter						
Casing height above land surface in, Weight lbs./ft., Wall thickness or gauge No/.6.0						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
☐ Steel ☐ Stainless Steel ☐ Other (Specify)						
SCREEN OR PERFORATION OPENINGS ARE:						
Continuous slot Mill slot						
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)						
SCREEN-PERFORATED INTERVALS: From ft. to ft. to ft., from ft. to ft., from ft. to ft.						
From						
GRAVEL PACK INTERVALS: From						
none						
6 GROUT MATERIAL: Neat						
1	ft. to .// ft., From	n ft.	to ft.,	From	π. toπ.	
What is the nearest source of possible of Septic tank	contamination: ral lines	☐ Livestaels man	. Importinido	stornes D Oth	er (specify below)	
Sewer lines Cess		☐ Livestock pen☐ Fuel storage	Insecticide Abandoned		er (specify below)	
Watertight sewer lines Seep		Fertilizer stora	=			
Direction from well Direction			om well 30			
	COGIC LOGO				GGING INTERVALS	
0 3 Tens	soil o					
3 15 Fin	y tan la					
15 31 Coars	tande	nd				
		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) 2.28 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No. 4.7. This Water Well Board was completed on (more lay/year)						
under the business name of						
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	r records. Include fee	of \$5.00 for each co	onstructed well. Visit us at	
http://www.kdheks.gov/waterwell/index.html.						
KSA 82a-1212						