WATER WELL REC	CORD	Form '	WWC-5	Div	vision of Wate	r Resources App. No	<sub>).</sub>		
1 LOCATION OF WA County:	TER WELL:	Fraction 1/4 N W 1/4 N	/W 1/4 /V5 1/4	Section	n Number	Township No. T 26 S	Range N	Number <b>⊠</b> E □W	
Street/Rural Address of		if unknown, distanc	e & direction			System (GPS) in			
from nearest town or intersection: If at owner's address, check here					Latitude: (in decimal degrees)				
					Longitude: (in decimal degrees) Elevation:				
					Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27				
2 WATER WELL OWNER: Lavid Logan				Collec	Collection Method:				
RR#, Street Address, Box #: IIII & 37 A ST N				☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey					
City, Buile, 211 Code	· Wic	Lita	Ka	Est. A	ccuracy: $\square$	3 m,	5-15 m, [	☐ >15 m	
3 LOCATE WELL	4 DEPTH OF		101						
WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL								ft	
N WELL'S STATIC WATER LEVEL 2.4ft. below land surface measured on mo/day/yr									
Pump test data: Well water wasft. after hours							oing	gpm	
NW NE	EST. YIELDgpm. Well water wasft. afterhours pumpinggpm								
W   E   Bore Hole Diameter								ve11	
Domestic Deadlot Doil field water supply Dewatering Other (Specify help									
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
Was a chemical/bacteriological sample submitted to Department?  Yes No									
S If yes, mo/day/yr sample was submitted									
water went districted: A Tes 110									
5 TYPE OF CASING USED:									
Casing diameter									
Casing height above land surface									
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: From									
From									
GRAVEL PACK INTERVALS: From									
From ft. to ft., From ft. to ft.									
GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
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 Watertight sewer lines Seepage pit Feedyard Fertilizer sto									
Direction from well	West		Distance	from we	ell				
FROM TO	LITHOLOG	GIC LOG	FROM	ТО	LITHO. L	OG (cont.) or PLU	GGING I	INTERVALS	
0 2 0	The Dire	<del>\</del>							
97 57 M	of San	d							
57 60 5	hale								
37 40									
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. 1.2. This Water Well Record was completed on (mo/day/year) . This Water Well Record was completed on (mo/day/year) . This Water Well Record was completed on (mo/day/year) . This Water Well Record was completed on (mo/day/year) . This Water Well Record was completed on (mo/day/year) . This Water Well Record was completed on (mo/day/year) . This Water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water Well Record was completed on (mo/day/year) . This water was complet									
under the business name of $(MGSE)$ by (signature) $(MGSE)$									
INSTRUCTIONS: Use typey	vriter or ball point per	n. PLEASE PRESS FIR	MLY and PRINT cl	early. Ple	ase fill in blank	s and check the correct	tanswers.	Send three copies	
(white, blue, pink) to Kansas Telephone 785-296-5524. Se	Department of Health nd one copy to WA	i and Environment, Bur FER WELL OWNER a	eau or water, Geol and retain one for	ogy Section your recor	on, 1000 SW Ja ds. Include <u>fe</u>	e of \$5.00 for each $\underline{c}$	onstructed	well. Visit us at	
http://www.kdheks.gov/waterwell/index.html.									
KSA 82a-1212									