WATER WELL REC	~OBD	Form W	WC-5	Div	ision of Water	· Resources App. No	
1 LOCATION OF WA	TER WELL:	Fraction (<u> </u>	Section	n Number	Township No.	Range Number
County: Seele	ma	Fraction 1/4 NE	1/4 2 1/4	35		T 275	R KE W
Street/Rural Address	Well Location;	ii umatown, uistance a	ancouon	CHODAR		System (GPS) in	
from nearest town or i	ntersection: If at	owner's address, check	here				(in decimal degrees) (in decimal degrees)
211-	1 Ocorge	Washington KS 67218	AVA	· ·			
V	Vichita	K201918					
2 WATER WELL OWNER: RR#, Street Address, Box #: City, State, ZIP Code Don Rae of Sill+George Washington Bloc Datum: WGS 84, INAD 83, INAD 27 Oliection Method: Int+George Washington Bloc Int+George Washington Bloc Int+George Washington Bloc Digital Map/Photo, I Topographic Map, I Land Survey Int+George Washington Bloc Int+George Washington Bloc Image: Collection Method: Image: Collection Method: Image: Collection Method: Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method Image: Collection Method <td< td=""></td<>							
City State 7IP Code							
City, State, Zir Code	Wich	rita KS67	1218	Est. Ac	curacy: $\Box <$	$3 \text{ m}, \square 3-5 \text{ m}, \square$	$5-15 \text{ m}, \square >15 \text{ m}$
3 LOCATE WELL			1.	5			
WITH AN "X" IN	4 DEPTH OF	COMPLETED WELI	L	<u> </u>	ft.	A (2) #
SECTION BOX:	Depth(s) Groundwater Encountered (1)						
	Pump test data: Well water wasft. after hours pumping gpm						
NW NE	EST. YIELD.	💋 gpm. Well water	r was	ft.	after	hours pum	ping gpm
W E		eter					
		TO BE USED AS:					
SWX SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below)							
Was a chemical/bacteriological sample submitted to Department? Yes X No							
s If yes, mo/day/yr sample was submitted							
1 mile		fected? 🗙 Yes 🔲					
5 TYPE OF CASING USED: Steel X PVC Other							
CASING JOINTS: 🚺	Glued 🗌 Clar	nped 🔲 Welded	Threaded	l			
Casing diameter							
Casing height above land surface							
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Steel 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)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From							
GRAVEL PACK INTERVALS: From. 26. ft. to 4.5. ft., From ft. to						to ft.	
From							
6 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		Sewage lagoon	Fuel storag Fertilizer s		∐ Abandonec □ Oil well/ga	l water well	
Watertight sewer l							
FROM TO	LITHOLOG		FROM	TO			JGGING INTERVALS
03 100	Sorf						
3 18 Cla	43.						
18 21 Fine	Sout GNG				***		
21 40 Bro	ren lime	elen					
40 65 Blue	e Shole.	1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -					
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) 1.0.1.2.1.1. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No							
under the business name	of MPAN	Ver Dnill	Valentien	w hv (€	as completed	In uner	indin
INSTRUCTIONS: Use typew (white, blue, pink) to Kansas	writer or ball point per	1. ALEASE PRESS FIRML	Y and <u>PRINT</u> cl	early. Plea	ase fill in blank	s and check the corre	ct answers. Send three copies
(white, blue, pink) to Kansas	Department of Health	and Environment, Bureau	of Water, Geol	ogy Sectio	on, 1000 SW Ja	tekson 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.							