WATER WELL R	ECORD	Form	WWC-5	Di	vision of Wate	er			
Original Record			ge in Well Use	Res	sources App. N	√o.	□ Well ID □		
1 LOCATION OF WATER WELL:			Fraction	Section Number Township Number Range N			ber Range Number		
County: Scagion com			45W4/NW4				ROI ME IW		
2 WELL OWNER: L	ast Name: \ / /	10/0	First: Roma				(if unknown, distance and		
Business: VVV 3 V direction from pearest town or intersection): If at owner's address check here: VV									
Address: 254 5 Hillside Address: 254 5 Hillside									
City: WCN HA State: K5 ZIP: U7230									
3 LOCATE WELL	T								
WITH "X" IN		4 DEPTH OF COMPLETED WELL: ft. 5 Latitude: (decimal de Depth(s) Groundwater Encountered: 1) ft. Longitude: (decimal de							
SECTION BOX:					Long	Longitude:(decimal degrees)			
N	WEI 1'9 9'	1L. TATIC WA	3) ft., or 4) [」 Dry well		Horizontal Datum: WGS 84 NAD 83 NAD 27			
		WELL'S STATIC WATER LEVEL:				Source for Latitude/Longitude:			
NW NE	☐ above	land surface	e, measured on (mo-day-	vr)	r)				
			water was f	Δ .		and Survey Topographic Map			
w			rs pumping			Online Mapper:			
SW SE		Well water was ft.							
3w 3E			rs pumping	gpm	6 Flores	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
	Estimated Y								
S mile	Bore Hole		in. to		Source	Other			
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID									
Household					10. [] U				
Lawn & Garden	6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID					Test Hole: well ID ☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock	8. Monitoring: well ID								
2. Irrigation	9. Environmental Remediation: well ID								
3. ☐ Feedlot	☐ Air Sparge ☐ Soil Vapor Extraction b) Open Loop ☐ Surface Discharge ☐ Inj. of Water						ischarge Inj. of Water		
4. Industrial Recovery Injection 13. Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
Water well disinfected? \(\) Yes □ No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter									
Casing diameter									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Nearest source of possible contamination:									
Septic Tank		Lateral Lin	es 🔲 Pit Privy	Г	Livestock Pe	ns	icide Storage		
☐ Sewer Lines		Cess Pool	☐ Sewage La		Fuel Storage		loned Water Well		
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? Distance from well? ft.									
10 FROM TO	1	LITHOLO	GIC LOG	FROM	TO	LITHO. LOG (cont.) o	or PLUGGING INTERVALS		
					-				
					 				
				_					
				-					
					 		•		
				NI.		0.0050			
				Notes:	Vaisect	casing			
				4		-			
11 CONTRACTOR'S OR LANDOWNED'S CERTIFICATION. This wester yield was a sustained of the second trial and									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or plugged under my jurisdiction and was completed on \(\omega \) reconstructed, or reconstructed, or									
Kansas Water Well Cor	itractor's Lic	ense No	948 This Wa	iter Well Re	cord was con	nuleted on (mo-day-v	vear) D211912010		
under the business name	e or Class	11121.15W	1.41 76 16 16 16 16 16 16 16 16 16 16 16 16 16		ignature 🛴				
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,									
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									