WATER WELL RECORD		Form WWC-5		Division of Water Resources; App. No.			
1 LOCATION OF WATER WELL		Fraction		Section Number	Township Number	Range Number	
County: Sod Gurch		SE 1/4 SW1/45	SH) 1/4		T278	R 2 EW	
Distance and direction from n				Systems (decimal deg	rees, min. of 4 digits)		
located within city? 1804 ( Fle c blam C				Latitude:			
			Longitude:				
2 WATER WELL OWNER:	SI WOTED	$\nu$	Elevation:				
RR#, St. Address, Box # :	1804	N. Dechl	amer	Datum:			
City, State, ZIP Code :	Wiche	ta Ko		Data Collection Method:			
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							
LOCATION							
WITH AN "X" IN Depth	(s) Groundwater	Encountered (1)		ft. (2)	ft. (3)	ft.	
SECTION BOX: WELI	L'S STATIC WA	Encountered (1)					
N	Pump test data	: Well water was		ft. after	hours pumping	gpm	
Est. Y	ieldgpm	: Well water was		.ft. after	hours pumping	gpm	
					conditioning 11 Inj		
	mestic 3 Feed			pply 9 Dev		ner (Specify below)	
	ation 4 Indi	ustrial (Domes	tic (lawn &	garden 10 Mor	nitoring well		
SW SE Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as is all as what it all to Department 2. Was a sharping like staried as in the staried as in							
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs							
Sample was submitted							
5 TYPE OF CASING USED:	5 Wrought I	ron 8 Con	crete tile	CASINO	G JOINTS: Glued Welded	Clamped	
1 Steel 3 RMP (SR)	6 Asbestos-	Cement 9 Oth	er (specify	below)	Welded		
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded							
Blank casing diameter in. to							
Casing height above land surface							
			0.41	DC	11 Other (Specify)		
1 Steel 3 Stainless Steel 5 Fiberglass (PVC) 9 ABS 11 Other (Specify)							
SCREEN OR PERFORATION			K) 10 A	soesios-cement	12 None used (open	noie)	
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft.							
From							
GRAVEL PACK INTERVALS: From							
From ft. to ft., From ft. to ft.							
C CD CYTTLE I TO THE COLUMN TO							
6 GROUT MATERIAL: 1 N	eat cement 20	Cement grout B	entonité	4 Other			
			1	t. to f	t., From	tt. tott.	
What is the nearest source of pos			10 T :	-l 12 I		16 041 (	
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)							
		9 Feedyard	12 Fertilize		l well/gas well .	below)	
Direction from well?	O Scepage pit	,					
FRQM TO ,	LITHOLOGIC		FROM	TO	PLUGGING INTI		
0 2 10	200 H	LOG	TROW	10	TECCOMIC INTI	DICTRES	
2 11 6	CILL		-				
11 33	and sta	10					
33 88 3	M. a cond	Tali					
88 90 1	lace of the	1.	-	1			
00 10 -0	THE DIVE						
		-					
					**************************************		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged							
under my jurisdiction and was completed on (mo/day/year) . L.O							
Kansas Water Well Contractor's License No							
under the business name of Chase Willing by (signature)							
INSTRUCTIONS: Use typewriter or ba	all point pen. PLEAS	SE PRESS FIRMLY and	PRINT clearly	. Please fill in blanks	s, underline or cicle the co	rrect answers. Send top	
three copies to Kansas Department of He	alth and Environmen	t, Bureau of Water, Geq	ogy Section,	1000 SW Jackson St.,	Suite 420, Topeka, Kansas	66612-1367. Telephone	
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at							
http://www.kdheks.gov/waterwell/index.h	iuiii.						