	WATER WELL RECORD Form WWC-5  Original Record Correction Change in Well Use					Division of Water		Well ID	
		ATER WELL:		Fraction	Resources App. No. Section Number		Township Numb		
County		ler		NN % NW% SE 3			T 21 S R 3 D E E W		
	OWNER:		l	First:		street or Rural Address where well is located (if unknown, distance and			
Business:			hlex		direction from	direction from nearest town or intersection): If at owner's address, check here:			
Address:						2440 N. Sandistone			
Address: City:			State: ZIP:			Andover, Ko.			
A - A					100				
WITH "		4 DEPTH	4 DEPTH OF COMPLETED WELL: .			II.		(decimal degrees)	
	N BOX:		Depth(s) Groundwater Encountered: 1)			Longitude:			
7	1								
			WELL'S STATIC WATER LEVEL:				or Latitude/Longitude:	: )	
NW	. NE		above land surface, measured on (mo-day-				(WAAS enabled?		
1	I		Pump test data: Well water was f				Survey Topogra		
w	E	after	after hours pumping				☐ Online Mapper:		
sw	1		Well water was fi after hours pumping						
					. gpm	6 Elevatio	o <b>n</b> :ft.	☐ Ground Level ☐ TOC	
	S		Estimated Yield:20gpm Bore Hole Diameter: in. to			and Source: Land Survey GPS Topographic Map			
1 n	-	2010 11010 2	in. to						
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID								ase	
☐ Housel			6. ☐ Dewatering: how many wells?			11. Test Hole: well ID			
Lawn &	_		7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical		
_	Livestock 8. Monitoring: well ID.						ermal: how many bores?		
2. ☐ Irrigati 3. ☐ Feedlo			9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Expression ☐ Soil Vapor ☐ Soil Oxfor ☐ Soil Vapor ☐ Soil Oxfor			a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
4. Industr			Recovery Injection			13. Other (specify):			
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:									
Water well disinfected? Nes \( \substack \) No									
8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other									
Casing diameter in to in									
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)									
¹ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From								ft. to ft.	
GRAVEL PACK INTERVALS: From									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
				o □ Dit Deisar		Liventook Dens	□ Incactic	sida Starnaa	
□ Septic Tank       □ Lateral Lines       □ Pit Privy       □ Livestock Pens       □ Insecticide Storage         □ Sewer Lines       □ Cess Pook       □ Sewage Lagoon       □ Fuel Storage       □ Abandoned Water Well									
_	ight Sewer L		eepage Pit	☐ Feedyard		Fertilizer Storage		ll/Gas Well	
Other (		<i>S</i>		<i>,</i>		12	_		
Direction fro	om well?	£n) †				-	ft.		
10 FROM	TO		ITHOLOG	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS	
<b>D</b>		TOPS							
	15	<u> </u>	7			<u> </u>			
15 94	94	Carre	we T	lock		· · · · · · · · · · · · · · · · · · ·			
19	100	GY		<u>ocn</u>					
			·····						
					Notes:	t			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 🗷 constructed, 🗆 reconstructed, or 🗀 plugged									
under my jurisdiction and was completed on (mo-day-year)									
Namsas Wa	uct well Co	ntractor's Lice	iise no , I <b>nse</b> p	Drilling		_	leted on (mo-day-ye		
								·····	
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas  Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.									

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

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