WATER WELL R	<b>ECORD</b>	Form WW	C-5	Divi	sion of Water					
Original Record	Correction	Change in W	ell Use	<del>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</del>	irces App. No.	<u></u>	Well ID	·····		
1 LOCATION OF WATER WELL: Fraction				. i	Section Number Township Number Range Number					
County: SEdgilick NWWWWWWWW					7 ZSS R BE W					
2 WELL OWNER: L		First	į.			ere well is located	•			
Business: MCCONNCLL AFB  direction from nearest town or intersection): If at owner's address, check here:										
Address: 36301 () (1/57)										
Address: City: 14 / CH 11A State: \( \sigma \) ZIP: 67 ZC1										
3 LOCATE WELL		<del></del>		// ~	<u> </u>	<del></del>	<del></del>			
WITH "X" IN		OF COMPLE			t. 5 Latitude:					
SECTION BOX:		roundwater Encou	•		Longitude:					
N	1	ft. 3)			Horizontal Datum: WGS 84 NAD 83 NAD 27					
	<b>1</b>					r Latitude/Longitude	•			
X	below land surface, measured on (mo-day-yr).									
NW NE	Dabove land surface, measured on (mo-day-yr).  Pump test data: Well water was				The second of th					
	after hours pumping gpm				☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
W	Well water was ft.				C Omme wapper.					
SWSE	after hours pumping gpm									
	Estimated Vield: anm				6 Elevation:					
S	Bore Hole Diameter: in. to ft. a				Source:   Land Survey   GPS   Topographic Map					
1 mile										
7 WELL WATER TO BE USED AS:										
1. Domestic:										
Household			e: well ID							
☐ Lawn & Garden	- * • • • • • • • • • • • • • • • • • •		nal: how many bore	<b></b> .	1					
<del></del>	Livestock 8. Monitoring: well ID							5		
2. ☐ Irrigation  9. Environmental Remediation: well ID  3. ☐ Feedlot  ☐ Air Sparge ☐ Soil Vapor Extra										
4. Industrial		Recovery	☐ Injection		, -	(specify):	_	-		
Was a chemical/bacteriological sample submitted to KDHE?  Yes  No If yes, date sample was submitted:										
Water well disinfected?  Yes No  Output OF CASING HOED.  Casi Cloud Casing Casing IOINTS: Casing Clamped Casing Clamped Casing C										
8 TYPE OF CASING USED: Steel PVC Other										
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 Colophite										
Grout Intervals: From										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
□ Sewer Lines       □ Cess Pool       □ Sewage Lagoon       □ Fuel Storage       □ Abandoned Water Well         □ Watertight Sewer Lines       □ Seepage Pit       □ Feedyard       □ Fertilizer Storage       □ Oil Well/Gas Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)										
Direction from well?			Distance from w	ell?		ft	'•			
10 FROM TO	<del></del>	LITHOLOGIC L	<del></del>	FROM		THO. LOG (cont.) o		GINTERVALS		
<u> </u>		'Z24								
5 90			1ATER SAN	» <u>(1</u> )						
90 120		प्राथ क्राम								
120 240	GRAY S	HALE WITH	LIMOSTONG							
240 400		Lime STON	-							
	<del></del>		<u> </u>	Notes:	,	Original Retui	rned to S	jender		
					AGO			9/4/19		
	· · · · · · · · · · · · · · · · · · ·				,					
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) .7.23.20.17. and this record is true to the best of my knowledge and belief.										
under my jurisdiction and was completed on (mo-day-year) . J										
Kansas Water Well Contractor's License No. 9.20 This Water Well Record was completed on (mo-day-year)										
under the business name	e oi	FEE ON for another	tructed well to Va	ness Department	of Health and En	ronment Rifeau of U	later GWTS	Section.		
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.										
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