WATER WELL		Form W	WC-5		Divisi	ion of Water	- 1				
Original Record			in Well Use			rces App. No.	·	Well ID	<u></u>		
1 LOCATION OF V			Fraction		Section	on Number	Township Numb		nge Number		
County: SEDGWICK			SW 4 NW 4 NE 9			31					
2 WELL OWNER: Last Name: First: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:											
Address: 2019 N WOODARD ST											
City: TOWANDA State: KS ZIP: 67144 DERBY, M						J.					
3 LOCATE WELL WITH "X" IN	4 DEPTH OF COMPLETED WELL: 80 ft.					5 Latitude:(decimal degrees)					
SECTION BOX:		Depth(s) Groundwater Encountered: 1)35 ft.					ıde: <u></u>	<u></u>	(decimal degrees)		
N	2)	2)					Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
	WELL SSIA	WELL'S STATIC WATER LEVEL: 32 ft. ■ below land surface, measured on (mo-day-yr) 04/26/2017					Source for Latitude/Longitude:				
NW NE	above land surface, measured on (mo-day-yr)					☐ GPS (unit make/model:) (WAAS enabled? ☐ Yes ☐ No)					
NW  NE		Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				
W E	after	after hours pumping gpm					Online Mapper:				
SW SE	1 _	Well water was ft.									
1 1 1	after	after hours pumping					6 Elevation:ft. Ground Level TOC				
S	Rose Hole Dia		B and Source: ☐ Land			☐ Land Survey ☐ (	and Survey GPS Topographic Map				
3    mile							Other				
7 WELL WATER TO BE USED AS:											
1. Domestic:			τ Supply: well ID			10. □ Oil I	Field Water Supply: le	ease			
☐ Household	6. Dewatering: bow many wells?										
🔳 Lawn & Garden						☐ Cased ☐ Uncased ☐ Geotechnical					
☐ Livestock			well ID			12. Geothermal: bow many hores?					
2. Irrigation			Remediation: well I		••••	a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water					
3. Feedlot		ir Sparge		Extraction		b) Oper	n Loop 🔲 Surface Di	scharge	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 diameter 5 in to 80 ft., Diameter in to ft., Diameter in to ft., Diameter in to ft.  Casing height above land surface 12 in Weight lbs/ft. Wall thickness or gauge No. SDR-26											
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 Sbutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From 60 ft. to 80 ft., From ft. to ft., From ft., From ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible contamination:   Septic Tank											
Sewer Lines											
■ Watertight Sewer Lines											
Other (Specify)  Direction from well? EAST  Distance from well? 100+											
					$\overline{}$						
10 FROM TO		LHOLOGI	L LUG	FRON	VI.	TO L	ITHO. LOG (cont.) or	PLUGGIN	G INTERVALS		
0  1  44	TOP SOIL CLAY	<del>.</del>			<del></del>						
				+	$\dashv$						
50 60	FINE SAND MED SAND			+	$\dashv$						
60 65	SMALL SAND			+	$\dashv$						
65 80	SHALE SAND			<del>-  </del>		-	···				
00	Of IFULL	· · · · · · · · · · · · · · · · · · ·		Notes	 '			<del></del>			
A TELEPHONE											
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) 94/26/2017 and this record is true to the best of my knowledge and belief.											
Kansas Water Well Co	intractor's Licens	se No. 88	4 This W	ater Well	Recor	rd was comp	detect on (mo-day-ye	ear) Q5/Q3	/2017		
under the business nan	ne of VV⊨NING	FK NKIL	LING LLC	5	.Sign	ature					
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.kdhcks.gov/waterwell/index.html  KSA 82a-1212  Revised 7/10/2015										