WATER WELL RECORD	Form WV	WC-5	Di	vision of Wate	r Resources App. No),	
1 LOCATION OF WATER WELL: County: Wilson	Fraction 4 NE 4NW		.	19	Township No. T 3 S	Range Number R DE W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here			Long Eleva	Global Positioning System (GPS) information: Latitude: 3			
2 WATER WELL OWNER: RR#, Street Address, Box #: City, State, ZIP Code : Sugar Creek, MO 64054		Inc.	Collec	Collection Method: ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ✓ Land Survey Est. Accuracy: ✓ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m			
A DEPTH OF COMPLETED WELL SO ft. SECTION BOX: N SECTION BOX: N Depth(s) Groundwater Encountered (1) SO ft. (2) N/A ft. (3) N/A ft. WELL'S STATIC WATER LEVEL SO ft. below land surface measured on mo/day/yr. (0/29) Y Pump test data: Well water was N/A ft. after. N/A hours pumping. N/A gpm EST. YIELD N/A gpm Well water was N/A ft. after. N/A hours pumping. N/A gpm Bore Hole Diameter 8.25 in. to ft., and N/A in. to N/A ft. ft. WELL WATER TO BE USED AS: Public water supply Geothermal Injection well Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Was a chemical/bacteriological sample was submitted to Department? Yes No No Water well disinfected? Yes No No No No No No No N							
Stype of Casing Useb:							
Grout Intervals: From 2 ft. to H. From N/A ft. to N/A ft., From N/A ft., From N/A ft. From N/A f							
Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Direction from well Distance from well						er (specify below)	
FROM TO LITHOLOG	IC LOG	FROM	ТО	LITHO. LO	OG (cont.) <u>or</u> PLU	GGING INTERVALS	
O 0.5 Topsoil							
OS Siby Clay						- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	
S.5 8 dayey gravel							
8 10,5 Sandy clay							
	-A						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)							
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367.							
Telephone 785-296-5524. Send one copy to WATE		n one for your	records.				