WATER WELL RECORD			Form W	WC-5	D	ivision of Wate	r Resources App. No).	
1 LOCATION OF WATER WELL:			Fraction			on Number	Township No.	Range Number	
County: Wilson			14 SW 14NE	1/4 NE 1/	4	30	T (C) S	R 76 <u>D</u> E <u>D</u> W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here						Global Positioning System (GPS) information: Latitude: 37.4013.03.09 (in decimal degrees) Longitude: 15 69!1.77!4 (in decimal degrees) Elevation: 19339 Datum: V WGS 84. NAD 83. NAD 27			
RR#, Street Address, Box #: 1000 No			ducts North America orth Sterling Avenue Creek, MO 64054	Colle	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				
3 LOCATE WELL									
WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 10.1									
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 2 in. to S. 5 ft., Diameter N/A in. to N/A ft., Diameter N/A in. to N/A ft. Casing height above land surface 3 in., Weight N/A lbs./ft., Wall thickness or gauge No. Schedule 40 TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify) Brass Galvanized Steel None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)									
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete 0 to 2-feet									
Grout Intervals: From 2 ft. to 1.5 ft., From N/A ft. to N/A ft., From N/A ft. to N/A ft. From N/A ft. to N/A ft.									
Septic tank									
FROM	TO	LITHOLOG	SIC LOG	FROM	TO	LITHO. LO	OG (cont.) <u>or</u> PLU	GGING INTERVALS	
O	55	Topsoil							
حيم	6.5	Clary	 					**************************************	
10.5	10	Clay		<u> </u>					
15	23	Silty clay	<u> </u>						
23	24.5	gravelly Sour							
					 		·····		
								3	
									
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)\(\(\lambda\)\(\lambda\)\(\lambda\)\\\\\\\\\\									
INSTRUC	CTIONS:	Use typewriter or ball point per	n. <u>PLEASE PRESS FIRMLY</u>	and <u>PRINT</u> c	learly. Ple	ase fill in blanks	and check the correct a		
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 WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html									