WATER WELL RECORD		Form WWC-5		Division of Water Resources App. No.		
1 LOCATION OF WATER WELL: County: COWN PU		Fraction 1/4 NE 1/4 SE	1/4 SW 1/4	Section Number 28	Township No. T 30 S	Range Number R XE W
Street/Rural Address of Well Location; if from nearest town or intersection: If at a 2 miles South of Rock or		if unknown, distance & owner's address, check	direction	Global Positioning System (GPS) information: Latitude:		
2 WATER WELL OWNER: 22 rd CE RR#, Street Address, Box #: 53000 W City, State, ZIP Code : withing,		hutchinson St.		Datum: WGS 84, NAD 83, NAD 27 Collection Method: GPS unit (Make/Model:) Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: S m, S -5 m, S -15 m		
3 LOCATE WELL WITH AN "X" IN SECTION BOX: N	Depth(s) Ground WELL'S STAT Pump EST. YIELD	COMPLETED WELL dwater Encountered IC WATER LEVEL test data: Well watergpm. Well water	(1)ft. was	below land surface:ft. after ft. after	measured on mo/d hours pum hours pum	ay/yr gpm
Bore Hole DiameterO in. to						
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter into 10 ft., Diameter into ft., Diameter into ft., Diameter into ft., Weight above land surface into into the casing height above land surface into into the casing height above land surface into into ft., Weight weight weight with the casing height above land surface into the case into the c						
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From 15 ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 15 ft. to ft. From ft. to ft.						
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From C						
Septic tank						
FROM TO	LITHOLOG		FROM			JGGING INTERVALS
0 1 Tops 1 5 Lime 5 110 Sha	istone			C	aPS	
				Novini	Va- 158560	and the
					$\frac{1}{9-174813}$	
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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) 100 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 100 This Water Well Record was completed on (mo/day/year) under the business name of ASSOCIATED DELLING, LING by (signature) by						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and cheek the correct answers. Send three copies (white, blue, pink) 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 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. KSA 82a-1212						