| WATE | ER WE | LL RECORD | Form W | WC-5 | Division of Wate | r Resources App. No |), | | |
|--|---|--|---------------------|---------------------------------|---|--------------------------|---------------------|------------------|--|
| 1 LOCATION OF WATER WELL: Fraction | | | | Section Number | Township No. | Range Number | | | |
| County: 4-1) ette SE12 NO 1/2 1/2 NO 1/2 Street/Rural Address of Well Location; if unknown, distance & direction | | | | | | T 32 S | | JW | |
| from peacest fown or intersection: If at owner's address, check here | | | | | Global Positioning System (GPS) information: Latitude: | | | | |
| from nearest town or intersection: If at owner's address, check here . KSPAP SECH ST 240:0 RA | | | | | Longitude: | | | | |
| Prinsing Ks | | | | | Elevation. | | | | |
| 2 WATER WELL OWNER: US A my Carps of Enginees | | | | | Dotum W WGS 84, NAD 83, NAD 27 Collection Method: | | | | |
| RR#, Street Address, Box #: ¿ci E 12 Si Rm 443 | | | | | S GPS unit (Make/Model: Gosmin Elist | | | | |
| City, State, ZIP Code : Kinning City MO 64106 | | | | | Digital Map/Photo, Topographic Map, Land Survey | | | | |
| Est. Accuracy: □ <3 m. □ 5-15 m. □ >15 m | | | | | | | | | |
| 3 LOCATE WELL WITH AN "X" IN 4 DEPTH OF COMPLETED WELL | | | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | | |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | | | |
| Pump test data: Well water wasft. after hours pumping gpm | | | | | | | | | |
| W X EST YIELD gpm. Well water was ft. after hours pumping gpm EST YIELD gpm. Well water was ft. after hours pumping gpm Bore Hole Diameter 4.7 in. to 4.5 ft., and 3 in. to 4.8 ft. | | | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | | | |
| Sw SE Domestic Feedlot Oil field water supply Dewatering Other (Specify below) | | | | | | | | | |
| | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | | | |
| S If yes, mo'day/yr sample was submitted | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stoinless Steel PVC Other (Specify) | | | | | | | | | |
| ☐ Bress ☐ Galvanized Steel ☐ None used (open hole) | | | | | | | | | |
| 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 | | | | | | | | | |
| From | | | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | | | |
| From | | | | | | | | | |
| Grout Intervals: From | | | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | | |
| | ☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) | | | | | | | | |
| | Sewer lin | | | ☐ Fuel storage ☐ Fertilizer ste | | | | | |
| ☐ Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well | | | | | | | | | |
| FROM | | LITHOLOGI | C LOG | FROM | TO LITHO. LC | G (cont.) or PLUC | GING INTERV | ALS | |
| | 4,5 | Cley | | | | | | | |
| 4.5 | 16 | Linghoup Shelt | | | | | | | |
| 16 | 18 | 3427 | | | | | | | |
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| | | | | | | | | | |
| 7 CONT | DACT | TOPE OF LANDOUNED | S CERTIFICATION | i No This sunta | r well was Decret- | Icled mecanitrati | oted or El aluaca | , - - | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or _A plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the business name of See On the by (signature) by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blank and check the correct answers. Send one copy to | | | | | | | | | |
| INSTRUC | TIONS: | Use typewriter or ball point pen. partment of Health and Environment | PLEASE PRESS FIRMLY | and PRINT clea | arly. Please fill in blanks | and check the correct ar | sewers Send one cop | y to | |
| Telepho | 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 | | | | | | | | |