WATER WELL R		Form <b>W</b>	WC-5			ion of Water	1	}				
Original Record			in Well Use			rces App. N			Well ID			
1 LOCATION OF WATER WELL: Fraction				_						ge Number		
					4 SE¼ 2 T 3 S R 3 ■ E □ W							
2 WELL OWNER: L	ast Name: ROLL	Street o	Street or Rural Address where well is located (if unknown, distance and									
Business: Address: 520 C STI	direction	direction from nearest town or intersection): If at owner's address, check here:										
Address: 520 C STREET Address:												
City: WASHING	STON Su	ate: KS	ZIP: 66968									
3 LOCATE WELL		ECOM		75	Δ.	F T 434	, 79°4	8.878	الماة	(1:1 4)		
WITH "X" IN			PLETED WELL:			5 Latitude: 39°48,878 (decimal degrees) Longitude: 9.7° 3.097 W. (decimal degrees)						
SECTION BOX:		Depth(s) Groundwater Encountered: 1)					Horizontal Datum: WGS 84 NAD 83 NAD 27					
N	WELL'S STATIC WATER LEVEL: 20 ft.											
	below land surface, measured on (mo-day-yr). 6/2					□GI	PS (unit make/mo	del: MA	IGELLA	NEXPLORIST		
NWNE	above land surface, measured on (mo-day-yr)					· · · · · · · · · · · · · · · · · · ·						
	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map						
W	atter	after hours pumpinggpm					nline Mapper:		• • • • • • • • • • • • • • • • • • • •			
SW SE	after	Well water was ft. after hours pumping gpm										
	Estimated Yiel	gnm			6 Elevation:ft. Ground Level TO							
S	Bore Hole Dia	8 in to 82	ft. and	ft. and Source: Land Survey								
l mile	in. to ft.											
7 WELL WATER TO BE USED AS:												
1. Domestic:		r Supply: well ID.										
Household	6. Dewatering: how many wells?								1			
■ Lawn & Garden □ Livestock	n 7. ☐ Aquifer Recharge: well ID 8. ☐ Monitoring: well ID						ermal: how man					
2. Irrigation												
3. Feedlot	9. Environmental Remediation: well ID  ☐ Air Sparge ☐ Soil Vapor Extra					<ul> <li>a) Closed Loop ☐ Horizontal ☐ Vertical</li> <li>b) Open Loop ☐ Surface Discharge ☐ Inj. of Water</li> </ul>						
4. Industrial		Recovery	☐ Injection				her (specify):					
Was a chemical/bacteriological sample submitted to KDHE?  Yes No If yes, date sample was submitted:												
Water well disinfected? Yes I No												
8 TYPE OF CASING USED: ☐ Steel ■ PVC ☐ Other												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing height above land surface												
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 Shutter    Key Punched    Wire Wrapped    Saw Cut    None (Open Hole)												
SCREEN-PERFORATED INTERVALS: From .55 ft. to .75 ft., From ft., From ft. to ft.												
GRAVEL PACK INTERVALS: From												
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other												
Nearest source of possible	le contamination	<b>1</b> :										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage												
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedvard ☐ Fertilizer Storage ☐ Oil Well/Gas Well												
Direction from well? NONE PRESENT SE Distance from well? 35 PKC ft.												
10 FROM TO		<b>THOLOG</b>		FRC			LITHO, LOG (c		LUGGIN	G INTERVALS		
0 2	TOPSOIL		· · · · · · · · · · · · · · · · · · ·	82			GRAY SHALE					
2 14 [	BROWN CLAY	/										
14 32	TAN CLAY											
	SAND (FINE/Y		·									
	GRAY SHALE		TONE									
	GRAY SHALE											
	RED SHALE Notes:											
	GRAY SHALE											
67 72 LIMESTONE (BROKEN)												
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) 6/25/2020 and this record is true to the best of my knowledge and belief.												
Kansas Water Well Contractor's License No. 518 This Water Well Record was completed on (mo-day-year) 6/29/2020												
under the business name of BLUE VALLEY DRILLING INC. Signature												
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 S	st., Suite 420, Topek	ca, Kansas 6	6612-1367. Mail one	to Water We	ll Owne	r and retain o	ne for your records.	Telephone	c 785-296-	-5524.		
Visit us at http://www.kdhek	s.gov/waterwell/ind	lex.html		KSA 8	2a-121	2			Revised	<u>1 7/10/2015</u>		