| WATER WELL RE | CORD | Form W | WC-5 | Di | vision of Wate | r Resources App. No | |
|---|------------------------------|---|------------------------------|----------|-----------------------|---------------------|------------------------|
| 1 LOCATION OF WA | ATER WELL: | Fraction | • | Section | on Number | Township No. | Range Number |
| County: MAS | bell les | -SE1/4 NE1/45E | 1/4 1/ | | <u> </u> | | R 7 DE DW |
| | | f unknown, distance & owner's address, check | | | | System (GPS) in | |
| From Rla Regin | intersection: If at 6 | wher's address, check | Syllor | Land | | | (in decimal degrees) |
| From Blas Repids 60 South 5 thinks To Gyllor Longitude: | | | | | | | |
| RA 73 in Go East 2 miles To 1075 Rd. Than Go North Elevation William: WGS 84, NAD 83, NAD 27 WATER WELL OWNER: Golden Mathed | | | | | | | |
| RR#, Street Address | | MATOPISH | | | ction Method: | zo/Modol: |) |
| City, State, ZIP Code | 287/ | 875 Rd- | 1 10 tt 3 | F | | | Map, \[\] Land Survey |
| | RLUC | Rapido, HS | 004/1 | Est. A | | 3 m, 3-5 m, | |
| 3 LOCATE WELL WITH AN "X" IN | A DEPTH OF | COMPLETED WELI | 10 | 20 1 | ft. | | |
| SECTION BOX: | | | | | | ft. (3 | 3)fi |
| N WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr | | | | | | | |
| Pump_test_data: Well water wasft. after | | | | | | | |
| EST. YIELD | | | | | | | |
| W Bore Hole Drameter | | | | | | | |
| Domestic Consider the Collection of the Consideration of the Consideration | | | | | | | |
| SW SE Domestic Feedlot On field water supply Dewatering Other (Specify below) Irrigation Industrial Domestic-lawn & garden Monitoring well | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | |
| 1 mile | Water well disin | fected? Yes 🔲 | No | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | | |
| Casing diameter | | | | | | | |
| Casing height above land surface | | | | | | | |
| Steel Steel DOYC / Steel DOYC | | | | | | | |
| Brass Galvanized Steel / Nontepided (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| Brass Galvanized Steel Nortcated (open hole) SCREEN OR PERFORATION OPENINGS ARD: Continuous slot Mill Gauze wrapped Torch cut Drilled holes None (open hole) Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft. | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | |
| From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ./ 9.0 ft., From ft. to ft. | | | | | | | |
| GRAVEL PAC | CK INTERVALS: | From | ft. to . / 6) . | O.P | ft., From | ft. t | o ft. |
| From | | | | | | | |
| Grout Intervals: From ft. to 25ft., From ft. to ft., From ft., From ft. | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | |
| Septic tank | Lateral lin | | Livestock | pens | Insecticide | - | er (specify below) |
| Sewer lines Watertight sewer | ☐ Cesspool lines ☐ Seepage p | Sewage lagoon [it Feedyard | ☐ Fuel stora ☐ Fertilizer | | Abandoned Oil well/ga | | |
| Direction from well. | | nt recuyard [| | e from w | Ų | 15 WC11 | |
| FROM TO | LITHOLOG | | FROM | TO | | OG (cont.) or PLU | GGING INTERVALS |
| 0 / top | 50,2 | | 71 | 72 | amos: | Tol | |
| 5 Bro | in Choy | | 72 | 82 | BRY A | 24 Shall | |
| 5 12 1166 | Low Shall |) | 82 | 84 | Lingston | Se | |
| 12 25 6N | y Shale | | 84 | 22 | GAY DO | Ly Sholl | |
| 25 33 Lin | ustone | | 92 | 95 | Limiste | 5~C | |
| 33, 42 Ton | Shall | (Water) | 75 | 100' | GMY DI | zy sholl | |
| 410 46 KIM | estone | Courses/ | | | | | |
| 42 33 112 | SHE | | | | | | |
| 1271 Rnow Shot | | | | | | | |
| 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) 3/25/20/3nd this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No. 4.5. This Water Well Record was completed on (mo/day/year) 4/ Under the business name of Malaysum Water Well Record was completed on (mo/day/year) 4/ by (signature) | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMY and PRINT clearly. Please fill in blanks and check the Greet answers. Send three copies | | | | | | | |
| (white, blue, pink) to Kansas Department of Health and Environment, Buffeau 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. | | | | | | | |
| incp.// w w w .Kuncks.gov/ water | YOU/HIGOA,HUIII, | | | | | | |