WATER WELL RECORD Form WWC-5							vision of Wa	iter						
	☐ Original Record ☐ Correction ☐ Change in Well Use				Resources App. No.					ell ID	Literature and the second			
	LOCATION OF WATER WELL: Fraction							Township Nun		1	ge Number			
	County: 1/4 NW/45E 1/4 1/2 WELL OWNER: Last Name: Christer First: Gene S													
2 WELL	OWNER: I	ast Name: Chi	rister	Street or R	treet or Rural Address where well is located (if unknown, distance and									
Business:	dress: 17511 Lurry Ter						irection from nearest town or intersection): If at owner's address, check here: Fairfort ks west 1753+RD north on 175 6miles EAST No. County RO // miles EAST into Cafe to							
Address:	Address:							EACH A Charty ROlly miles EAST into Gate to						
City: Nafoma State: 165 ZIP: 67651							710 (00)		~ , -			well		
3 LOCAT	E WELL	A DEPTH	OF COM	DE ETEN Y	X/II/TT.	80	e E Tat	tud.				(4		
	WITH "X" IN SECTION BOY: 4 DEPTH OF COMPLETED WELL: Depth(s) Groundwater Encountered: 1)													
	ON BOX:	OX: 2)												
	WELL'S STATIC WATER LEVEL:						Source for Latitude/Longitude:							
	below land surface, measured on (mo-day-yi						CDC (conit on also (con del))		
NW	above land surface, measured on (mo-day-yi						9.	(WAAS enabled? ☐ Yes ☐ No)						
1 1	Pump test data: Well water was							☐ Land Survey ☐ Topographic Map						
w	E after hours pumpingg							Online Mapper:						
SW	- SW SE Well water was ft. after hours pumping gg													
	Estimated Yield:gpm						6 Elevation:ft. Ground Level [Level TOC		
to constitution of the con	S Bore Hole Diameter:						Sou	ce: [] Land Survey [] GPS	□То	pographic Map		
1	mile] Other									
7 WELL WATER TO BE USED AS:														
1. Domestic	11 7							10. Oil Field Water Supply: lease						
	Household 6. Dewatering: how many wells?								e: well ID					
	& Garden			echarge: well					Uncased [
Livest				g: well ID					nal: how many bo					
 ☐ Irrigat ☐ Feedle 			nvironmenta] Air Sparge	al Remediation	n: wen ib oil Vapor E				d Loop					
4. ☐ Indust			Allaction		b) Open Loop									
			<u>-</u>		jection	Von El Vo	<u> </u>				.,			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: Weter well disinfected?														
Water well disinfected? No CASING JOINTS: G Cloud G Channel G Water G Channel G Channel G Water G Channel G Channel G Water G Channel G Water G Channel G Water G Channel G Channel G Water G Channel G Water G Channel G Water G Channel G Channel G Water G Channel														
8 TYPE OF CASING USED: Steel PVC Other														
Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No.														
		R PERFORA							0					
☐ Steel		inless Steel	☐ Fiber		□ PVC			ther (Specify)					
☐ Brass		vanized Steel	☐ Conc		None u	sed (open ho	ole)							
		RATION OPE												
	nuous Slot	☐ Mill Slot		auze Wrapped					Other (Specify).		• • • • • • • • • • • • • • • • • • • •			
		☐ Key Punc					None (Open				0.4-	0		
P									ft., From .					
									ft., From .	-				
9 GRUU	i MAIEKI.	AL: Neat	cement	Cement grou	it 🛂 Be	ntonite []	Other		ft. to			• • • • • • • • • • • • • • • • • • • •		
		le contaminati		п., ггош		11. 10	It., FIUI	.п	It. 10		11.			
Septic			Lateral Line	еѕ ПР	it Privy	Г	Livestock 1	Pens	☐ Insec	ticide	Storage			
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lago														
	tight Sewer L		Seepage Pit	□ F	eedyard		Fertilizer S		e 🔲 Oil V	Vell/G	as Well			
	· T · · · · · · · · · · · · · · · · · ·				ce from we						TIGGIS I	C D IMPONIAL C		
10 FROM	TO		LITHOLO	JIC LOG		FROM	TO		ΓΗΟ. LOG (cont.)			GINTERVALS		
	3	70/50	· Lan		*	80	3		Bentonite i	149	·			
20	90	Limesi		ock, ch	ref		0		topsoil					
40	80	13/400	19g S	hale c				-						
							+	-						
							-							
							Notes:							
				***************************************	····	110163.								
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)														
Kansas Water Well Contractor's License No														
under the b	under the business name of Kulinell Wafter VI													
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.														

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html