| WATER WELL RECORD | | Form WWC-5 | | Division of Water Resources App. No. | | |
|--|---|--|--|--------------------------------------|---|----------------------------|
| 1 LOCATION OF WATER WELL: | | Fraction | 4 | | Township No. | Range Number |
| County: 6/1/5 | | 1/4 NE 1/4 N | F1/4 1/4 | | | R 19 □E Z W |
| Street/Rural Address of Well Location, it unknown, distance & unection | | | | | ng System (GPS) i | |
| from nearest town or intersection: If at owner's address, check here | | | Latitude: (in decimal degrees) | | | |
| | | | Longitude: (in decimal degrees) Elevation: | | | |
| | | | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | |
| 2 WATER WELL OWNER: SHAWE VEHIGE | | | | Collection Method: | | |
| RR#, Street Address, Box #: 1681 LIMESTONE Rd South | | | | GPS unit (Make/Model:) | | |
| City, State, ZIP Code | KS 67601 | | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m | | | |
| 3 LOCATE WELL | | | | Est. Accuracy: | <3 m, |] 3-13 m, [_] >13 m |
| WITH AN "X" IN 4 | DEPTH OF (| COMPLETED WEL | L 54 | | t. | |
| SECTION BOX: | X: Depth(s) Groundwater Encountered (1). 26 | | | | | |
| | WELL'S STATIC WATER LEVEL. 26ft. below land surface measured on mo/day/yr | | | | | |
| | | | | ft. after hours pumping gpm | | |
| | .t.gpm. Well water wasft. after hours pumping gpm | | | | | |
| | eterin. toft., andin. toft. TO BE USED AS: Public water supply Geothermal Injection well | | | | | |
| ' ' | | | | | | |
| SWSE | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes X No | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | |
| Water well disinfected? X Yes No | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | | | | | |
| Casing diameter | | | | | | |
| Casing height above land surface 18 in., Weight .16.Dlbs./ft., Wall thickness or gauge No. 5.D.R26 | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | | | | | |
| 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 | | | | | | to ft. |
| From | | | | | | το π. |
| From | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | |
| Grout Intervals: From | | | | | | |
| What is the nearest source of possible contamination: | | | | | | |
| Septic tank Livestock pens Insecticide storage Other (specify below) | | | | | | |
| Sewer lines | | | | | | |
| □ Watertight sewer lines □ Seepage pit □ Feedyard □ Fertilizer storage □ Oil well/gas well □ Direction from well □ Distance from well □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | | | | | | |
| FROM TO | LITHOLOG | | FROM | TO LITHO. | LOG (cont.) or PL | UGGING INTERVALS |
| | 50, / | | | | | |
| 2 18 CIAY | | | | | | |
| 28 31 CIAY | + SAND | | | | | |
| 31 47 SANI | +GRAU | | | | | |
| 47 50 CIAY | | | | | | |
| 50 54 5HALL | <u> </u> | | | | | |
| | | | | | | |
| | | | | | | |
| | | · · · · · · · · · · · · · · · · · · · | | | | |
| 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) . 4. 1 and this record is true to the best of my knowledge and belief. | | | | | | |
| Kansas Water Well Contractor's License No. 4.78 This Water Well Record was completed on (mo/day/year) 4/9/ | | | | | | |
| under the business name of fine way of the control of the business name of fine way of the control of the business name of fine way of the control of the co | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check 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 20, Topeka, Kansas 66612-1367. | | | | | | |
| (white, blue, pink) to Kansas Dep | artment of Health | and Environment, Bureau ER WELL OWNER and | of Water, Geol | ogy Section, 1000 SW | Jackson St., Suite 420, fee of \$5.00 for each | Topeka, Kansas 66612-1367. |
| Telephone 785-296-5522. 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 | | | | | | |