NATER WELL RECORD Form WWC-5 Division of Water Resources App. No.	MW -	•							
County:				<u>WC-5</u>					
Street Number Address of Well Location; if unknown, distance & direction from nearest town or intersection. If at owner's address, shock here	1 LOCATION OF WATE	R WELL:		1 11 10/1		on Number	Township No.	Range Number	
from nearest town or intersection: If at owner's address, check here Latitude: \$\] \$\] \$\] \$\] \$\] \$\] \$\] \$\] \$\] \$\]	County: Alshorth		JE WNW WNH	1 4 NE	4				
Elevation: WOS 84. NAD 83. NAD 27	Street/Rural Address of W	Veli Location; i	t unknown, distance d	c direction	GIOD	HI LOSITIONIUS	260	niormation:	
Elevation: WOS 84. NAD 83. NAD 27						Landitude: J.2.4.6.479. J. (in decimal degrees)			
NAD 27 Section Method: GFS suit (Make/Mode): G		it side of r	Long	Claustion					
2 WATER WELL OWNER: C. +D of 1. 15 15 15 15 15 15 15	from back tower					Datum: T WGS 84 T NAD 83 T NAD 27			
RRM, Street Address, Box #:	2 WATER WELL OWNER: City of William								
Death Will Death	RR#, Street Address, Box #: CLL 11 2407 Aug E					GPS unit (Make/Model:)			
SECTION BOX: SECT	City, State, ZIP Code					Digital Map/Ph	oto, 🔲 Topograph	ic Map, Land Survey	
SECTION BOX: SECT		PO BX	5, willen, Ks.	6)490	Est. A	Accuracy: <	3 m, 🔲 3-5 m, 🗀	5-15 m, >15 m	
SECTION BOX: Static Value Stati	3 LOCATE WELL		•	4	1	•			
STYPELDgom_ Well water wasft_afterhours pumpinggom	WITH AN "X" IN 4	DEPTH OF	COMPLETED WEL	L	ا		Δ .	(2) A	
STYPELDgom_ Well water wasft_afterhours pumpinggom	SECTION BOX: D	epin(s) Ground	water Encountered	<u>ነ</u> ችል.ል	II.	(<i>4</i>)		(3) IL.	
NNW NE EST. YIELD gpm Well water was ft. after hours pumping gpm hours gpm		ELL'S STATI	C WAIER LEVEL	. 1>r H .H·.]	t. Delow	iand surface i	neasured on move	nina amm	
Bore Hole Diameter	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1								
WELL WATER TO BE USED AS: Public water supply Geotherma Indication well Indication Domestic Dome	14 A4 14 E	1 NW - NE - N - N - N - N - N - N - N - N -							
Domestic Gedlot Oli field water supply Devatering Other (Specify below)									
Irrigation Industrial Domestic-lawn & garden Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/ry sample was submitted. Yes No If yes, mo/day/ry sample was submitted. Yes No State well disinfected? Yes No State well well disinfected? Yes No State well well disinfected? Yes No State well disinfected? Yes		Domestic	□ Faedlot □	Uil field m	ter supp		outering []	Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes No									
Stype OF CASING USED: Steel PVC Other									
Mater well disinfected? Yes No	S If yes mo/day/yr sample was submitted								
STYPE OF CASING USED: Steel PVC Other		ater well disin	fected? TYes X	No	•••••	••••••			
CASING JOINTS:									
Casing diameter						***************	••••		
Casing height above land surface in, Weight lbs./ft, Wall thickness or gauge No. 5.4 // /									
TYPE OF SCREEN OR PERFORATION MATERIAL: Brass Galvanized Steel None used (open hole)	Casing diameter								
Steel Brass Galvanized Steel PVC Other (Specify)									
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)									
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)	☐ Brass ☐ Galvanized Steel ☐ None used (onen hole)								
Continuous stot Mill stot Gauze wrapped Torch cut Drilled holes None (open hole)	SCREEN OR PERFORATION OPENINGS ARE:								
SCREEN-PERFORATED INTERVALS: From ft. to ft. ft. from ft. to ft. ft. from ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.	☐ Continuous slot								
From ft. to ft. From ft. To ft	☐ Louvered shutter ☐ Key punched ☐ Wire wrapped ☐ Saw cut ☐ Other (specify)								
GRAVEL PACK INTERVALS: From	SCREEN-PERFORATED INTERVALS: From								
From	rrom								
GROUT MATERIAL: Neat cement Cement grout Rout Intervals: From	GRAVEL PACK II								
Crout intervals: From	CONTRACTOR AND THE CONTRACT	<u> </u>	From	II. 10		π., From	R.	to nt.	
What is the nearest source of possible contamination: Septic tank	Creat Intervals From	☐ Neat ceme	nt Cement groun	χι Benα	mie [Ennm	Δ 4	
Septic tank				l	. π. ω	IL.,	riom	It. 10It.	
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Direction from well Distance from well FROM TO				□ I ivestock	nens	☐ Insecticide	storage [] Orl	ner (snecify helosy)	
Watertight sewer lines Seepage pit Feedaard Fertilizer storage Oil well/gas well	== ·							w (shoots ones)	
Distance from well Distance from well								***************************************	
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS D									
Clay had sitty, damped to the far far man of the far									
TONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)		when du	7						
TONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)		buch 15	Ho dano						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\begin{align*} \text{constructed}, \text{ reconstructed}, or \(\begin{align*} \text{plugged} \) under my jurisdiction and was completed on \(\text{moday/year} \) \(\begin{align*} J		then Jand	W T						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \[\begin{align*} \text{constructed,} \ \propto \text{reconstructed,} \ \text{or constructed,} \ or		thm far	mr.T.L						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)		bo f	for must						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)		h - Ca	mall math						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)		50000	1 3					· · · · · · · · · · · · · · · · · · ·	
under my jurisdiction and was completed on (mo/day/year)	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	7 41							
under my jurisdiction and was completed on (mo/day/year)								······································	
under my jurisdiction and was completed on (mo/day/year)		1_1_1				l	· · · · · · · · · · · · · · · · · · ·		
under my jurisdiction and was completed on (mo/day/year)	7 CONTRACTOR'S OR L.	ANDOWNER	'S CERTIFICATIO	N: This wa	er well v	was IX constr	ucted. Treconstr	ucted, or nlugged	
Kansas Water Well Contractor's License No. 40.4									
under the business name of CAY. Our business. And the Correct answers. Send three copies (white, blue, pink) to Kansas Depar traent of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. 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. Vi sit us at http://www.kdheks.gov/waterwell/index.html.	Kansas Water Well Contract	or's License No		Vater Well 1	Record w	as completed	on (mo/day/year)	9.11.11.2	
INSTRUCTIONS: Use ty pewriter 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 Depar traent of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. 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. Vi sit us at http://www.kdheks.gov/waterwell/index.html.	under the business name of .	Envisor unt	in Anonto Ewi	42, In.	by (s	signature) : 🚣	H. S. W. to		
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