WATE	R WEL	L REC	CORD	Form	WWC-5	Divi	ision of Wate	r Resources App. No	,. L		
1 LOC Coun	ty:	OF WA	TER WELL: んど	Fraction NW/4	NE,		n Number	Township No. T / S		Number □E <b>X</b> W	
	t/Rural A	ddress o	f Well Location	; if unknown, distar	nce & direction	Global		System (GPS) in			
from nearest town or intersection: If at owner's address, check here							Latitude: (in decimal degrees)  Longitude: (in decimal degrees)				
2700 DEBORAH DE.						Elevati	Elevation:				
							Datum: WGS 84, NAD 83, NAD 27				
2 WATER WELL OWNER: DAVID CLOUSTON RR#, Street Address, Box #: 2700 DCRORAH DR. City. State. ZIP Code: 2700 DCRORAH DR.							Collection Method:  GPS unit (Make/Model:)				
- City, State, ZIP Code SALIDA KS 67401							☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey				
3 LOCATE WELL   SALIDA											
WITI	H AN "X"	IN	4 DEPTH OF	F COMPLETED W	VELL	59	ft.				
SECT	WITH AN "X" IN SECTION BOX:  N  Depth(s) Groundwater Encountered (1)										
	Pump test data: Well water was 77 ft. after hours pumping 25 onm										
NV	EST. YIELDgpm. Well water wasft. after hours pumpingg									gpm	
w											
	WELL WATER TO BE USED AS:  Public water supply Geothermal Injection well  Domestic Feedlot Oil field water supply Dewatering Other (Specify below)										
SV	SW   SE										
	Was a chemical/bacteriological sample submitted to Department?   Yes  No										
	S If yes, mo/day/yr sample was submitted Water well disinfected? Yes No										
5 TYPE OF CASING USED:  Steel  PVC  Other											
CASING JOINTS: A Glued Clamped Welded Threaded											
CASING JOINTS: A Glued Clamped Welded Threaded Casing diameter in to ft., Diameter in to ft. Casing height above land surface in., Weight											
Casing height above land surface											
Steel Stainless Steel YPVC Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:  Continuous slot Mill slot. Of Cauze 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., From ft. to ft.											
SCREEN-PERFORATED INTERVALS: From											
From											
From											
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic tank									below)		
	Sewer line		Cesspoo				Abandoned	water well	, ,	ŕ	
Direc	watertight	well	NORTH	pit Feedyard	☐ Fertilizer s Distance		□ Oil well/ga 1	s well			
FROM	TO		LITHOLO		FROM	ТО		OG (cont.) <u>or</u> PLU	GGING	INTERVALS	
D O	2	EILL	DIET	\							
133	74	SAD		ANDFINETI							
460	50	VD E		TAN WITH AUKL				***			
58	59	JH	ALE LIGH	HT GRAY F	IARD						
								<del>Griginal Retu</del>	<del>med te</del>	Sender	
							•	for Correctio	n Date	# <del>!!-17-10</del>	
			4								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ★ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/dax/year)											
Kansas V	y jurisdict Water Wel	uon and 11 Contr	was completed actor's License	on (mo/day/year) . No T	his Water Well R	ia inis rec ecord was	cora is true t s complet <del>ed</del>	o the best of my ki	10Wledge	and belief.	
under the	e business	name o	of P.E.S.T.I.	of the run	up servi	Sig (sig	gnature) . 💥	Coul At	Lali	7	
INSTRUC	CTIONS: U	Ise typewi	riter or ball point pe	en. PLEASE PRESS FIL	RMLY and PRINT cle	early. Please	e 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 420, 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											