WATER WELL RECORD	Form WWC-5	Division of Water Resources App. No.
1 LOCATION OF WATER WELL: County: SALINE	Fraction SW 1/4 SW 1/4 SE 1/	
Street/Rural Address of Well Location		Global Positioning System (GPS) information:
from nearest town or intersection: If at		Latitude: (in decimal degrees) Longitude: (in decimal degrees)
1107 REPUBLI	e CIECLIC	Elevation:
2 WATER WELL OWNER: LAP	LY MANZ	Collection Method:
2 WATER WELL OWNER: ARE Y MANZ RR#, Street Address, Box #: City, State, ZIP Code Datum: WGS 84, NAD 83, NAD 27 Collection Method: GPS unit (Make/Model: Digital Map/Photo, Topographic Map, Land Survey)		
City, State, ZIP Code	, WA, Xx 60401	Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square >15 m
WITH AN "X" IN 4 DEPTH OF SECTION BOX: Depth(s) Groun	dwater Engagnered (1)	ft. (2)
N WELL'S STA	TIC WATER LEVEL 20	t below land surface measured on mo/day/yr03-23-1/
Pum	p test data: Well water was	Ift. after hours pumping.
NW NE EST. YIELD	gpm Well water was	ft. after hours pumping gpm
		ft., andft. Iter supply Geothermal Injection well
Domostic		ter supply Dewatering Other (Specify below)
SW SE Domestic		wn & garden Monitoring well
Was a chemica		to Department? Yes X No
S If yes, mo/day/yr sample was submitted Water well disinfected? X Yes No		
Water went distincted: A Tes 110		
5 TYPE OF CASING USED: Steel V PVC Other		
Casing diameter		
Casing height above land surface		
TYPE OF SCREEN OR PERFORATION MATERIAL:		
☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)		
SCREEN OR PERFORATION OPENINGS ARE:		
Continuous slot Mill slot, 22 Gauze wrapped Torch cut Drilled holes None (open hole)		
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From		
From		
GRAVEL PACK INTERVALS: From		
From		
Grout Intervals: From		
What is the nearest source of possible contamination:		
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ 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	TH EAST Distance	e from well
FROM TO LITHOLO	GIC LOG FROM	TO LITHO. LOG (cont.) or PLUGGING INTERVALS
O G FILL DIET	() (1) TV	
	TAN	
24 51 JAND FINE	TO MED, TAN	
51 SHALE GRAY		
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) 23.7		
under the business name of PESTANGER NO. SHOW IT IN SWATER WELL STANGER NO. ST		
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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 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		
http://www.kdheks.gov/waterwell/index.html.		
KSA 82a-1212		