WATER WELL RECORD		Form WWC-5		D	Division of Water Resources App. No.				
1 LOCATION OF WATER WELL: County: SALINE		Fraction SW 1/4 NW WWW NZ	FXSWX	Secti	on Number	Township No. T S	Range No	umber □E <b>∀</b> W	
Street/Rural Address of Well Location; i		f unknown, distance &	direction			System (GPS) in			
from nearest town or intersection: If at owner's address, check here .				Latit	Latitude: (in decimal degrees)				
2212 FALCONVIEW De.				Eleva	Longitude:				
2 WATER WELL OWNER: KYNAN GIBSON RR#, Street Address, Box #: 2212 FALGONVIEW DE. City, State, ZIP Code SALINA TU					Collection Method:				
RR#, Street Address, Box #: 22 FALGON VIEW DE.					GPS unit (Make/Model:)				
City, State, ZIP Code				Fet A	☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey  Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m				
3 LOCATE WELL	07~	, , , , ,		<u> </u>	Accuracy.	э m, э-э m,	3-13 III, <u></u>	1~13 III	
with an "x" in 4 DEPTH OF COMPLETED WELL				) <i>!</i>	ft.				
SECTION BOX: Depth(s) Groundwater Encountered WELL'S STATIC WATER LEVEL 9					th. (2)				
N   \	below	elow land surface measured on mo/day/yr							
Pump test data: Well water was					ft. after hours pumping 2.0 gpm				
W NW NE EST. YIELDgpm. gweil water was					ft. after				
WELL WATER TO BE USED AS: Public				ter supply  Geothermal  Injection well					
Domestic Feedlot Oil field water					r supply   Dewatering   Other (Specify below)				
Irrigation									
Was a chemical/bacteriological sample submitted to						Yes 🔽 No			
S If yes, mo/day/yr sample was submitted Water well disinfected? Yes No					•••••				
water wen disinfected: 110									
5 TYPE OF CASING USED: Steel V. PVC Other Other									
CASING JOINTS:  Glued  Clamped  Welded  Threaded  Casing diameter in. to									
Casing height above land surface. 12 in. Weight 1.4.0 lbs./ft. Wall thickness or gauge No. 506.26									
TYPE OF SCREEN OR PE	ERFORATION :	MAŢERIAL:						•	
Steel Stainl		PVC		Other (	Specify)				
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)  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 ft. to ft., From ft. to							ft.		
From						It. t	0	It.	
From									
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From	<b>O</b> ft. to	ft., From	1	ft. to	ft.,	From	ft. to	ft.	
What is the nearest source of									
☐ Septic tank     ☐ Lateral lines     ☐ Pit privy     ☐ Livestock       ☐ Sewer lines     ☐ Cesspool     ☐ Sewage lagoon     ☐ Fuel storage									
Watertight sewer lines Seepage pit Feedyard			Fertilizer st		Oil well/ga				
Direction from well A	DETH EA	いて	Distance						
FROM TO	LITHOLOG	IC LOG	FROM	TO	LITHO. LC	OG (cont.) or PLU	GGING IN	TERVALS	
2 IX CLAY 18 SI SAND	DIET								
18 SI SAND	TAN SI				-				
SI SHAL	E BAAY	O MED. TAN							
ST STITE	L CMAY								
A COMED A CEORGE CO.	A KID OFFICE	10 CEDTIFIC ATTO	N. TI'	11					
/ CUNIKACIUK'S UK LANDUWNEK'S CEKTIFICATION: This water well was Konstructed, if reconstructed, or is plugged under my jurisdiction and was completed on (mo/day/year) 17-13-12 and this record is true to the best of my limited and the least of my limited and my									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **Constructed*, or plugged under my jurisdiction and was completed on (mo/day/year) **Ontractor*, and this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. **Stationary Water Well Record was completed on (mo/day/gear) **Ontractor*, and this record is true to the best of my knowledge and belief the water Well Record was completed on (mo/day/gear) **Ontractor*, and this record is true to the best of my knowledge and belief the water Well Record was completed on (mo/day/gear) **Ontractor*, and this record is true to the best of my knowledge and belief the water well was **Ontractor*, and this record is true to the best of my knowledge and belief the water well was **Ontractor*, and this record is true to the best of my knowledge and belief the water well was **Ontractor*, and this record is true to the best of my knowledge and belief the water well was **Ontractor*, and this record is true to the best of my knowledge and belief the water well was **Ontractor*, and **O									
under the business name of PESTINGLE PRING SEAVICE by (signature) Deel Kreit									
INSTRUCTIONS: Use typewrite	er or ball point pen.	<u>PLEASE PRESS FIRMLY</u>	and <u>PRINT</u> cle	arly. Ple	ease fill in blanks	and check the correct	answers. Se	end three copies	
(white, blue, pink) to Kansas Dep Telephone 785-296-5524. Send	partment of Health one copy to WAT	and Environment, Bureau of ER WELL OWNER and r	ot Water, Geolo etain one for v	ogy Section	on, 1000 SW Jac rds. Include fee	ekson St., Suite 420, T of \$5.00 for each co	opeka, Kans	sas 66612-1367.   ell. Visit us at	
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. Visit us at http://www.kdheks.gov/waterwell/index.html.									
KSA 82a-1212									