| WATER WELL RECORD | | Form WWC-5 | | Division of Water Resources App. No. | | | |
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| 1 LOCATION OF WA | | Fraction SE 1/4 S | IE 14 NW4 | Section Number | | Range Number R 2 DE W | |
| Street/Rural Address of | | if unknown, distance | e & direction | Global Positioning | | | |
| from nearest town or i | ntersection: If at | wner's address, check here 🔟. | | Latitude: | • • • • • • • • • • • • • • • • • • • • | (in decimal degrees) | |
| # 0.11 | , | 0 | | Longitude: (in decimal degrees) | | | |
| 1 94 W | MOCAT | CIECLE | | Elevation: | <u></u> <u></u> . | •••• | |
| 2 WATER WELL OWNER: HENCY KOSTED RR#, Street Address, Box #: #194 WILDCAT CIECLE | | | | Datum: WGS 84 Collection Method: | 1, ∐ NAD 83, ∐ | NAD 27 | |
| RR#, Street Address, Box #: # QU (1) LINCAT CIECLE GPS unit (Make/Model: | | | | | | 1 | |
| City, State, ZIP Code | 74 | WILDCHI | CIECAIO | ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey | | | |
| , , , | <u>SA</u> | LINA, TIS | 62401 | Est. Accuracy: | 3 m, 🔲 3-5 m, 🔲 | 5-15 m, □>15 m | |
| 3 LOCATE WELL | | | | <u>رو</u> . | - | | |
| WITH AN "X" IN | 4 DEPTH OF | COMPLETED WE | | f | ^ / | • • | |
| SECTION BOX: | Depth(s) Groundwater Encountered (1) | | | | | | |
| 1 | Pump test data: Well water was | | | | | | |
| | FST VIELD | onesi uata. Weli wa | altı was ater was | ft after | hours pum | ping gpin | |
| NW NE W E | Bore Hole Diam | eter 9 in to | f ("as) | and in | to | թուց gpm Ո | |
| W EST. YIELDgpm Well water wasft. afterhours pumping | | | | | | | |
| | ☐ Domestic | ☐ Feedlot ☐ | Oil field wate | r supply De | watering \square | Other (Specify below) | |
| SW SE | ☐ Irrigation | | | | | ····· | |
| Was a chemical/bacteriological sample submitted to Department? Yes V No | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | |
| 1 mile | Water well disin | ifected? 🗹 Yes 🛭 | □ No | | | | |
| 5 TYPE OF CASING USED: Steel X PVC Other | | | | | | | |
| CASING JOINTS: M. Glued Clamped Welded Threaded | | | | | | | |
| Casing diameter in. to | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| Steel Stainless Steel PVC Other (Specify) | | | | | | | |
| Brass Galvanized Steel None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot, Cauze wrapped Torch cut Drilled holes None (open hole) | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. | | | | | | | |
| From | | | | | | | |
| | | | | | | | |
| From | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | |
| | | | om 1 | it. to ft., | From | . ft. toft. | |
| What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) | | | | | | | |
| ☐ Septic tank☐ Sewer lines | Cesspool | Sewage lagoon | ☐ Livestock p 1 ☐ Fuel storage | | | er (specify below) | |
| Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well | | | | | | | |
| Direction from well | | | | | | | |
| FROM TO | LITHOLOG | IC LOG | FROM | | OG (cont.) or PLU | GGING INTERVALS | |
| O 3 FILL | | | | | | | |
| 3 18 CLA | Y TANSIL | | | | | | |
| | FINE TO | HEAVY | | | | | |
| 58 SHAI | E BEAY | | | | | | |
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| | | | | | | 1 | |
| 7 CONTRACTORS OF |) I ANDOUNET |);c CEDTIEIC ATI | ON. This water | - wall was | untad [] | noted on Delivered | |
| 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) 22 | | | | | | | |
| Kansas Water Well Contractor's License No. 27.4 This Water Well Record was completed in (moldaniceae). | | | | | | | |
| Kansas Water Well Contractor's License No. 38.5 This Water Well Record was completed in (modal feet). 23.—12. under the business name of PESTINGEL PHMP. SERVICE. by (signature). | | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and cleck the correct answers. Send three copies | | | | | | | |
| (white, hlue, pink) to Kansas I | Department of Health | and Environment, Bure | au of Water, Geolo | gy Section, 1000 SW Jac | kson St., Suite 420, | Topeka, Kansas 66612-1367. | |
| 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. Visit us at http://www.kdheks.gov/waterwell/index.html. | | | | | | | |
| http://www.kaneks.gov/waterweii/index.ntmi. KSA 82a-1212 | | | | | | | |
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