| | ATER WELL RECORD Form WWC-5 Original Record Correction Change in Well Use | | Division of Water Resources App. No. | | | Well ID | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------|---------------------------------|----------------------------|--|
| | | | | | | | |
| County: SALI | VE (DRY) SE | tion NESWS | E 1/4 | ও১ 💎 | TI4s | R Æ ⊓ E Þ KW | |
| 2 WELL OWNER: Last Name: COOK First: DUGLASStreet or Rural Address where well is located (if unknown, distance and | | | | | | | |
| Business: 1214 | BEN COUET | | direction from i | nearest town or | intersection): If at owner | r's address, check here: | |
| Address: 70 7 7 Address: | _ | | 18 | 14/ | BEN C | QUET | |
| City: SALIN | A State: TS ZIP | 109401 | / 0 | , , | | | |
| 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 6.3 ft. 5 Latitude: | | | | | | | |
| WITH "X" IN | Depth(s) Groundwater Encou | ntered: 1). | ft. | Longi | | (decimal degrees) | |
| SECTION BOX: N | 2) ft. 3) | ft., or 4) | Dry Well | | : □ WGS 84 □ NA | | |
| | WELL'S STATIC WATER I | 23 | ft | Source | for Latitude/Longitude | _ | |
| | below land surface, meas | ured on (mo-day-y | T) 6/-1:76 /: A | Gl □ Gl | |) | |
| NW NE | Pump test data: Well water w | above land surface, measured on (mo-day-yr) Pump test data: Well water was | | | | | |
| w E | after | | | ☐ Land Survey ☐ Topographic Map ☐ Online Mapper: | | | |
| ' ' | | /as ft. | | | ппис таррет | | |
| SW SE | after hours pump | | gpm | 6 Flores | tion: 8 | . Ground Level TOC | |
| S | Estimated Yield: | m :::::::::::::::::::::::::::::::::::: | A and | | | GPS Topographic Map | |
| | Bore Hole Diameter:9 | in. to | n. and | Boulee | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | 5. ☐ Public Water Su | pply: well ID | | 10. ☐ Oil | l Field Water Supply: 1 | ease | |
| ☐ Household | Dewatering: how | w many wells? | | 11. Test F | Hole: well ID | | |
| Lawn & Garden | | 7. Aquifer Recharge: well ID | | | | | |
| Livestock | | 8. Monitoring: well ID | | | 12. Geothermal: how many bores? | | |
| 2. ☐ Irrigation 3. ☐ Feedlot | 9. Environmental Remediation: well ID ☐ Air Sparge ☐ Soil Vapor Extracti | | | a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water | | | |
| 4. Industrial | Recovery Injection | | | 13. Other (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | |
| Water well disinfected? ➤ Yes □ No | | | | | | | |
| 8 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other | | | | | | | |
| Casing diameter in. to ft., Diameter in. to ft., Diameter ft. | | | | | | | |
| Casing height above land surface 20 in. Weight | | | | | | | |
| ☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify) | | | | | | | |
| ☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | |
| ☐ Continuous Slot ☐ Mill Slot, Cals ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | |
| 9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| Nearest source of possible contamination: | | | | | | | |
| Septic Tank | ☐ Lateral Lines | Pit Privy | | Livestock Per | | cide Storage | |
| Sewer Lines | ☐ Cess Pool | ☐ Sewage Lag | | Fuel Storage | | oned Water Well | |
| Watertight Sewer Lines | | | | | | | |
| Other (Specify) Direction from well? Distance from well? | | | | | | | |
| 10 FROM TO | LITHOLOGIC L | | FROM | | | r PLUGGING INTERVALS | |
| 03 | FILL DIET | | | | | | |
| 3 12 | CLAY TAN SIL | | | | | | |
| 72 32 | SAWDY LOOM | | | | | | |
| 32 63 | | MED TA | ω | | | | |
| (A) | SHALE DALK | GRAY | | | | | |
| | | | Notes: | | | | |
| | | | indies: | | | | |
| | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year). It is water well was a completed on (mo-day-year). This water well Record was completed on (mo-day-year). This water well Record was completed on (mo-day-year). | | | | | | | |
| under my jurisdiction and was completed on (mo-day-year) | | | | | | | |
| under the business name of P.E.S.T. NG. Las. Du.M.P. SEROICES. | | | | | | | |
| INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas | | | | | | | |
| Department of Health and Fravionment Bureau of Water Geology Section 1000 SW Jackson St. Suite 420. Topicka Kanasas 66612.1367. Telephone (788. 206.3565 | | | | | | | |

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Visit us at http://www.kdheks.gov/waterwell/index.html