| WATER WELL RECORD  | Form WV   | VC-5      | Division of Wat  | ter Resources App. N  | 0.  |  |
|--|---|-----------|--|---|---|--|
| 1 LOCATION OF WATER WELL:  | Fraction  |           | Section Number   |   | Range Number  |  |
| Street/Rural Address of Well Location;   | SW/4Ne 1/4Sw  | direction | 32   | T // S<br>ng System (GPS) ir  | R / DE ZW   |  |
| from nearest town or intersection: If at a   |   |           |  |   | (in decimal degrees)  |  |
| · ·  |   |           | Longitude: (in decimal degrees)  |   |   |  |
| 25 + 12 W Rexbury  |   |           | Elevation:   |   |   |  |
| 2 WATER WELL OWNER: Wayne Ever hart  |   |           | Collection Method:   |   |   |  |
| RR#, Street Address, Box #:  |   |           | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey |   |   |  |
| City, Date, Zii Code   | ton K36   | 740 8     | ☐ Digital Map/F  | hoto, ☐ Topographi<br><3 m, ☐ 3-5 m, ☐  | ic Map, $\square$ Land Survey   |  |
| 3 LOCATE WELL  |   |           |  |   |   |  |
| WITH AN "X" IN 4 DEPTH OF 6  | COMPLETED WELL  | (I) 32    | f f  | t.  | (2) fr  |  |
| SECTION BOX: Depth(s) Ground WELL'S STAT   | Depth(s) Groundwater Encountered (1)ft. (2)ft. (3)ft. WELL'S STATIC WATER LEVELft. below land surface measured on mo/day/yr |           |  |   |   |  |
|  | Pump, test data: Well water wastt. after hours pumping gpm  |           |  |   |   |  |
| EST. YIELD7.   | NWNE EST. YIELD   |           |  |   |   |  |
| W   $  $ $  $ $  $ $  $ $  $ $ $   | Bore Hole Diameter  |           |  |   |   |  |
| W. Domastic Deadlot Doil field water supply Dewatering Dehar (Specify below)   |   |           |  |   |   |  |
| Irrigation   Industrial   Domestic-lawn & garden   Monitoring well   Activities  |   |           |  |   |   |  |
| Was a chemical/bacteriological sample submitted to Department? Yes No cattle   |   |           |  |   |   |  |
| S If yes, mo/day/yr sample was submitted   |   |           |  |   |   |  |
| 5 TYPE OF CASING USED: Steel Z-PVC Other Other   |   |           |  |   |   |  |
| CASING JOINTS: Z Glued  Clamped  Welded  Threaded  |   |           |  |   |   |  |
| CASING JOINTS:   |   |           |  |   |   |  |
| Casing height above land surfacein., Weight SDK. 2b. lbs./ft., Wall thickness or gauge No. 10. 17. 18. 18. 18. 18. 18. 18. 18. 18. 18. 18  |   |           |  |   |   |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel 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)  |   |           |  |   |   |  |
| 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  |   |           |  |   |   |  |
| From ft. to ft., From ft. to ft.   |   |           |  |   |   |  |
| From   |   |           |  |   |   |  |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other   |   |           |  |   |   |  |
| 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 □ None □ Within □ Distance from well □  |   |           |  |   |   |  |
| FROM TO LITHOLOG   |   | FROM      |  |   | UGGING INTERVALS  |  |
|  | av  |           |  |   |   |  |
|  |   | , , ,     |  |   |   |  |
| 20 35 Sound + Mi   | ied Clay =  | wate      | Sr   |   |   |  |
| 35 65 13/40 Sha  | 10  |           |  |   |   |  |
| 33 3 1/V & 31/14   | T Comment   |           |  |   |   |  |
|  |   |           |  | Spainten that the state of the | W-10-10-10-10-10-10-10-10-10-10-10-10-10-   |  |
|  |   |           |  |   |   |  |
|  |   |           |  |   | A STANCE OF THE |  |
| 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)   |   |           |  |   |   |  |
| Kansas Water Well Contractor's License No  |   |           |  |   |   |  |
| 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 785-296-5524. 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   |   |           |  |   |   |  |