

WATER WELL RECORD

Form WWC-5

Division of Water Resources App. No.

Empty box for application number

1 LOCATION OF WATER WELL: County: McPherson, Fraction: 1/4 NW 1/4 NW 1/4 NW 1/4, Section Number: 25, Township No. T 18 S, Range Number R 2, E/W checkboxes

Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here [X]. 23rd & Pioneer, Galva, KS

Global Positioning System (GPS) information: Latitude, Longitude, Elevation, Datum, Collection Method, Est. Accuracy

2 WATER WELL OWNER: Jerry Lawless, RR#, Street Address, Box #: 1067 Shawnee Road, City, State, ZIP Code: Lindsborg, KS 67456

3 LOCATE WELL WITH AN "X" IN SECTION BOX: N, W, E, S, 1 mile scale, grid with X in NW quadrant

4 DEPTH OF COMPLETED WELL 52 ft. Depth(s) Groundwater Encountered, WELL'S STATIC WATER LEVEL, Pump test data, EST. YIELD, Bore Hole Diameter, WELL WATER TO BE USED AS, Was a chemical/bacteriological sample submitted, Water well disinfected?

5 TYPE OF CASING USED: Steel, PVC, Other. CASING JOINTS: Glued, Clamped, Welded, Threaded. Casing diameter, Casing height above land surface, TYPE OF SCREEN OR PERFORATION MATERIAL, SCREEN OR PERFORATION OPENINGS ARE, SCREEN-PERFORATED INTERVALS, GRAVEL PACK INTERVALS

6 GROUT MATERIAL: Neat cement, Cement grout, Bentonite, Other. Grout Intervals, What is the nearest source of possible contamination: Septic tank, Lateral lines, Pit privy, Livestock pens, Insecticide storage, Other (specify below), Direction from well, Distance from well

Table with columns: FROM, TO, LITHOLOGIC LOG, FROM, TO, LITHO. LOG (cont.) or PLUGGING INTERVALS. Rows: 0-4 Top soil, 4-8 Sandy tan clay, 8-15 Sand & gravel, 15-22 Clay & gravel, 22-41 Greenish gray shale & flint rock, 41-52 Green & red shale

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) 5-5-14, Kansas Water Well Contractor's License No. 134, This Water Well Record was completed on (mo/day/year) 5-23-14, under the business name of Rosencrantz- Bemis Ent Inc by (signature) [Signature]

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. I include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html