810-10

WATER WELL RECORD	Form WWC-5	Division of Water Resources App. No.
1 LOCATION OF WATER WELL:	Fraction	Section Number Township No. Range Number 22 T 18 S R 3 DE WW
County: McPherson	NE ¼ NW ¼ ¼ ¼	22 T (8 S R 3 DE WW  Global Positioning System (GPS) information:
Street/Rural Address of Well Location; from nearest town or intersection: If at	owner's address check here	Latitude:
		Longitude: 97,642495 (in decimal degrees)
1500 feet East and 500 feet south of McPherson, Kansas	1301 Street and Fueblo Road,	Elevation: 1520,37
	/ // Cit Dhillian	Datum: WGS 84 NAD 83, NAD 27
02	K - Kansas Citv Division 2th Street - Room 460	Collection Method:  GPS unit (Make/Model:)
,	City, Missouri 64106	Digital Map/Photo, Topographic Map, Land Survey
Railsas	City, Missouri 04 100	Est. Accuracy:
3 LOCATE WELL	COMPLETED WELL65	ft.
WITH AN "X" IN SECTION BOX: Depth(s) Ground	dwater Encountered (1) 3/	ft. (2) ft. (3) ft.
N WELL'S STAT	IC WATER LEVEL/\/\ftft.	below land surface measured on mo/day/yr
Pump	test data: Well water was	ft. after hours pumping gpm
EST YIELD	MAgpm Well water was	ft. after hours pumping gpm
W	eter	t., andin. toft. er supply ☐ Geothermal ☑ Injection well
Domostic	TO BE USED AS: Public water	er supply Dewatering Other (Specify below)
swse Domestic		vn & garden Monitoring well
Was a chemical/bacteriological sample submitted to Department? ☐ Yes ☑ No		
s If yes, mo/day/yr sample was submitted		
Water well disin	fected? Yes No	
5 TYPE OF CASING USED: Steel PVC Other		
CASING JOINTS:  Glued  Clamped  Welded  Threaded		
Casing diameter 4 in. to		
Casing height above land surface		
Steel   Stainless Steel   ✓ PVC   Other (Specify)		
Brass Galvanized Steel None used (open hole)		
SCREEN OR PERFORATION OPENINGS ARE:    Continuous slot		
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 #5 ft., From ft. to ft.		
From		
GRAVEL PACK INTERVALS: From		
From		
Grout Intervals: From		
What is the nearest source of possible conta	mination:	_
	es Pit privy Livestock p	
Sewer lines Cesspool Watertight sewer lines Seepage p	☐ Sewage lagoon ☐ Fuel storage it ☐ Feedyard ☐ Fertilizer sto	
Direction from well		rom well
FROM TO LITHOLOG	IC LOG FROM	TO LITHO. LOG (cont.) or PLUGGING INTERVALS
O 1 Top Soil		
1 3/ Clay		
31 20 Sandy cla	4	
	C CEPTIFICATION: CT	
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) 6 3 and this record is true to the best of my knowledge and belief.		
Kansas Water Well Contractor's License No		
under the business name of Boart Longvear / Cascade by (signature)		
INSTRUCTIONS: Use ty pewriter 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 Depar tment of Health and E nvironment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367. 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. Vi sit us at		
http://www.kdheks.gov/waterwell/index.html.		
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy		