Att- ittalical

WATER WELL RECORD Form WWC-5					Division of Water					
Original Record Correction Change in Well Use				Resources App. No.			Well ID			
1 LOCATION OF WATER WELL: Fraction County: JEWELL Fraction Siv 4 SW 4 NW 4						Section Number Township Number Range Number SW 1/4 T T S R 6 D E W				
County: JEWELL Sir 4 SW 4 NW 4 SW 4 13 T 1 S R 6 E WELL OWNER: Last Name: Street or Rural Address where well is located (if unknown, distance and										
						direction from nearest town or intersection): If at owner's address, check here:				
Address: 2824 300 ROAD										
1						824 300 ROAD, COURTLAND KS				
City: COURTLAND State: KS ZIP: 66939 3 LOCATE WELL										
	WITH "X" IN 4 DEPTH OF COMPLETED WELL;									
	SECTION BOX: Depth(s) Groundwater Encountered: 1)									
l N	2)									
					ay-yr)./// 8:// GPS (unit make/mo			SARMIN)		
NW	NE	☐ above	above land surface, measured on (mo-day-yr				(WAAS enabled? □			
		Pump test of	Pump test data: Well water was55 ft.				☐ Land Survey ☐ Topographic Map			
W	E	atter	4 hours pumping 10			☐ On	☐ Online Mapper:			
• SW	- SW SE - after hours pumping						4000			
		Estimated \	Yield:10gnm	ı	6 Elevation: 1003ft. Tround Level 1100					
1	S	Bore Hole		eter:10 in. to110 ft. and			Source: ☐ Land Survey ☐ GPS ☐ Topographic Map Other GOOGLE EARTH			
	nile	O DE UCER		in. to	ft.		Other .go.oo	#CHX17.1		
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID										
	Household 6. Dewatering: how many wells?									
☐ Lawn a	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID									
1 =	☐ Livestock 8. ☐ Monitoring: well ID					12. Geothermal: how many bores?				
2. ☐ Irrigati 3. ☐ Feedlo	2. ☐ Irrigation 9. Environmental Remediation: well ID									
	3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extended ☐ Recovery ☐ Injection					b) Open Loop Surface Discharge Inj. of Water 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 IOINTS: ■ Glued ☐ Clamped ☐ Welded ☐ Threaded										
Casing diameter 5 in. to 70 ft., Diameter in. to ft., Diameter in. to ft.										
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ 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 ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PACK INTERVALS: From 30 ft. to 110 ft., From ft. to ft.										
9 GROUT MATERIA! □ Neat cement □ Cement grout ■ Bentonite □ Other *Grout Intervals: From										
Nearest source of possible contamination:										
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage										
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well										
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)										
Direction from well?										
10 FROM	TO		LITHOLOGIC LO		FROM			PLUGGING INTERVALS		
0	3	TOP SOIL								
3	47	TAN CLAY								
47	104		AND AND GRAV	/EL						
104	113	SHALE								
					Notes:			umed to Sender		
						for Correction Date: 8/11/17				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) .08/24/20.16 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 480 This Water Well Record was completed of mortaly-year) .12/07/20.16										
under my j	urisdiction	and was comp	leted on (mo-day	-year) .0.8/24	/20.16 and	this record is	true to the best of my	y knowledge and belief.		
under the b	uer Well Co	ontractor's Lic	ense No. 489 MS DRII I ING	This W	ater Well Red	cord was tom	ipieted of moday-ye	ar) .1444.444.19		
Mail	1 white copy a	long with a fee of	\$5.00 for each constr	ucted well to: Ka	ansas Department	of Health and	nvironment, Bureau of Wa	ater, GWTS Section,		
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.										
I Visit us at hits	y www.kdhe	ks gov/systerwell.	index bind		KSA 82a-12	112		Revised 7/10/2015		