	TER WELL RECORD Form WWC-5  iginal Record Correction Change in Well Use		Division of Water Resources App. No.			Well ID
1 LOCATION OF WA	ATER WELL:	Fraction SE4NE45W	Secti	on Number	Township Number	er Range Number R <b>5</b> □ E <b>X</b> W
2 WELL OWNER: Last Name: First: Business: Mage Man Ammonia Pipeline Address: One Williams Center			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: From Arrowh and Rd. 4 15 Ave., 5W of Inman, KS go N Z mls. on 15 Ave., 4 E. into			
City: 7n 59 3 LOCATE WELL	4 DEPTH OF COM					
WITH "X" IN SECTION BOX: N	Depth(s) Groundwater E  2)	<b>Z. 3</b> ft. □ Dry Well ft. √-yr)	Longitude: — 97. 901.16.7			
NW NE W	Pump test data: Well water was			☐ Land Survey ☐ Topographic Map  ☑ Online Mapper:		
- XSW SE SE SE SE SE SE SE -	Well water was			6 Elevation:		
mile	• • •	in. to		{	Other Saggle	Earth
7 WELL WATER TO 1. Domestic:	<ol> <li>☐ Public Watering</li> <li>☐ Dewatering</li> <li>☐ Aquifer Refactoring</li> <li>☑ Monitoring</li> </ol>	ter Supply: well ID g: how many wells? . ccharge: well ID g: well ID ll Remediation: well I Soil Vapor	ν 3 ID	11. Test Ho  Case 12. Geother  a) Close b) Oper	le: well IDd  d	Geotechnical ?
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						
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other						
Nearest source of possibl  ☐ Septic Tank ☐ Sewer Lines ☐ Watertight Sewer Lin  ☑ Other (Specify)  Direction from well?	e contamination:    Lateral Line   Cess Pool nes   Seepage Pit	Sewage I Sewage I Feedyard  Distance from	□ I Lagoon □ I	Livestock Pens Fuel Storage Fertilizer Stora	☐ Insection ☐ Abando ge ☐ Oil We	cide Storage oned Water Well ll/Gas Well
10 FROM TO	Brown - 5		TROM	10 12	TTTO: LOG (cont.) of	TEOGOTIO TIVIENVALD
5 18,5	Brown - 5	silty Clay				
18.5 20	Brown - S	ilty Clay				
Notes:  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)						
Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.						

KSA 82a-1212

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

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