WATER WEI	LL RECORD	Form WWC-5			Division of Water Resources App. No.			
1 LOCATION OF WATER WELL: County: Reno		Fraction 1/4 // Ww 1/4 50	J1/4 SE1/4		31	T 22 S	Range Number R → □E ⋈W	
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here .				Global Positioning System (GPS) information: Latitude: 38.9.8.9.1				
ì	ELL OWNER: Ju Address, Box #: 903 Hute	stin Eval E 315 4, KS 675	Collection Method: ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m,					
3 LOCATE WE								
WITH AN "X" IN SECTION BOX: N Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr ft. hours pumping gpm Pump test data: Well water was ft. after hours pumping gpm EST. YIELD gpm. Well water was ft. after hours pumping gpm Bore Hole Diameter ft. and in. to ft. well water supply ft. after hours pumping gpm Bore Hole Diameter ft. after hours pumping gpm WELL WATER TO BE USED AS: Public water supply Geothermal Injection well Domestic Feedlot Oil field water supply Dewatering Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yr sample was submitted								
1 mile Water well disinfected? ▼ Yes □ No								
5 TYPE OF CASING USED: ☐ Steel ☑ PVC ☐ Other								
Continuous slot								
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)								
SCREEN-FERI	ORATED INTERVALS.	From	ft to		ft From		o ft.	
GRAV	EL PACK INTERVALS:							
		From	ft. to		ft., From	ft. t	o ft.	
6 GROUT MATERIAL: □ Neat cement □ Cement grout ☑ Bentonite □ Other								
Watertight sewer lines ☐ Seepage pit ☐ Feedyard ☐ Fe			Fertilizer s	storage Oil well/gas well				
Direction from well								
FROM TO	LITHOLOG		FROM	TO	LITHO. LC	OG (cont.) <u>or</u> PLU	GGING INTERVALS	
0 9	Sandy F S					 		
9 61	Sand + Gra	ve/						
61 -	shale							
		•						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year)								
INSTRUCTIONS:	Use typewriter or ball point pen	. <u>PLEASE PRESS¶IRML</u>)	Y and <u>PRINT</u> clo	early. Plea	ase fill in blank	and check the correct	answers. Send three copies	
	o Kansas Department of Health 5524. Send one copy to WAT							
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .								