WATER WELL RECORD	Form WWC-5	Division of Water Resources App. No.
1 LOCATION OF WATER WELL: County:	Fraction 150 1NV14	Section Number Township No. Range Number R S IE W
Street/Rural Address of Well Location;	if unknown, distance & direction	Global Positioning System (GPS) information:
from nearest town or intersection: If at	owner's address, check here	Latitude:
		Elevation:
2 WATER WELL OWNER.	· BILL	<u>Datum</u> : ☐ WGS 84, ☐ NAD 83, ☐ NAD 27
2 WATER WELL OWNER: RR#, Street Address, Box #: City State ZIP Code	ングラ	Collection Method: GPS unit (Make/Model:)
City, State, ZIP Code	East_151	☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
3 LOCATE WELL	6050) LX 1201	Est. Accuracy:
WITH AN "X" IN 4 DEPTH OF	COMPLETED WELL	ft.
SECTION BOX: Depth(s) Ground	dwater Encountered (1)	th. (2)
WELL'S STATE	test data: Well water was λ	bft. after hours pumping gpm
EST. YIELD	gpm. Well water was	ft. after hours pumping gpm
W X E Bore Hole Diam		ft., andft.
Domostia	TO BE USED AS: Public wat	er supply
SW SE Domestic	☐ Industrial ☐ Domestic-lay	wn & garden Monitoring well
Was a chemical/bacteriological sample submitted to Department? Yes No		
S If yes, mo/day/yr sample was submitted		
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded		
Casing diameter in. to		
Casing height above land surface in., Weight		
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify)		
☐ Steel ☐ Stainless Steel ☐ Other (Specify)		
SCREEN OR PERFORATION OPENINGS ARE:		
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)		
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft.		
From		
GRAVEL PACK INTERVALS: From		
From		
Grout Intervals: From		
What is the nearest source of possible contamination:		
Septic tank Lateral lin	nes	
Watertight sewer lines Seepage p	oit Feedyard Fertilizer s	torage Oil well/gas well
Direction from well		from well 25
FROM TO CLITHOLOG	FROM FROM	TO LITHO. LOG (cont.) or PLUGGING INTERVALS
7 21 2:02 5000	38.	
21 32 Dea 6:26 0	ravul	
7 CONTRACTOR'S OR LANDOWNER	P'S CERTIFICATION: This work	er well was Constructed Treconstructed or I plugged
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, \square reconstructed, or \square plugged under my jurisdiction and was completed on (mo/day/year)		
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)		
under the business name of San		
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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. Include fee of \$5.00 for each constructed well. Visit us at		
http://www.kdheks.gov/waterwell/index.html. VCA 822_1212		