WATER WELL RECORD		Form WWC-5		Di	Division of Water Resources App. No.				
1 LOCATION OF WA	TER WELL:	Fraction	A/4-		on Number	Township No. T 23 S	Range Nur	nber □E W W	
Street/Rural Address	of Well Location:	if unknown, distance	& direction			System (GPS) in			
from nearest town or intersection: If at owner's address, check here .					Latitude: (in decimal degrees)				
·				Longitude: (in decimal degrees)					
					Elevation: Datum: WGS 84, NAD 83, NAD 27				
2 WATER WELL OWNER: Tom Dec 11000					Collection Method:				
2 WATER WELL OWNER: RR#, Street Address, Box #: City, State, ZIP Code 1020 Split Oak Or					GPS unit (Make/Model:)				
City, State, ZIP Code : Newton, KS				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey Est. Accuracy: ☐ <3 m, ☐ 3-5 m, ☐ 5-15 m, ☐ >15 m					
3 LOCATE WELL			Qn			э <u>т, Сээт, С</u>	J 13 111, L	10 111	
WITH AN "X" IN	1	COMPLETED WEI							
SECTION BOX:	Depth(s) Groundwater Encountered (1)								
	Pump test data: Well water wasft. after								
ECT VIELD and Well water was ft after hours numping									
W						to	ft.		
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well									
SWSE Domestic									
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well									
S If yes, mo/day/yr sample was submitted									
1 mile Water well disinfected? X Yes \(\sigma\) No									
5 TYPE OF CASING USED: Steel PVC Other									
CASING JOINTS: X Glued Camped Welded Threaded									
Casing diameter									
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 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									
From									
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
What is the nearest source of possible contamination:									
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below)									
Sewer lines									
Direction from well	East					<u> </u>	<u></u>		
FROM TO	LITHOLOG	GIC LOG	FROM	TO	LITHO. LO	OG (cont.) <u>or</u> PLU	GGING INT	TERVALS	
0 3 Top	Soil								
24 24 CVE	K		-						
29 80 310	Shale								
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)									
Kansas Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)									
under the business name of Chose Orilling by (signature) Chose INSTRUCTIONS: Use typewriter 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 I	riter or ball point per Department of Health	n. PLEASE PRESS FIRML and Environment. Bureau	<u>y</u> and <u>PRINT</u> cle of Water, Geole	arly. Ple	ase fill in blanks on, 1000 SW Jac	and check the correct ekson St., Suite 420	answers. Sen	d three copies 66612-1367	
Telephone 785-296-5524. Ser	nd one copy to WAT	TER WELL OWNER and	retain one for y	our recor	rds. Include fee	of \$5.00 for each co	nstructed well	. Visit us at	
http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212									
12011 024-1212									