WATER WELL RECO	ORD	Form W	WC-5	Division of Water	Resources App. No). L	
1 LOCATION OF WAT	ER WELL:	Fraction	100	Section Number	Township No.	Range Number	
County: Harvers		14 NW 14 NV	1/4 2 51/4			R 2 □E 2XW	
Street/Rural Address of Well Location; if unknown, distance & direction				Global Positioning			
from nearest town or intersection: If at owner's address, check here \(\subseteq \).				Latitude: (in decimal degrees)			
				Longitude: (in decimal degrees)			
24 401				Elevation:			
2 WATER WELL OWNER: Shane Whitnes				Collection Method:			
RR#, Street Address, Box #: #4 Codav Ill				GPS unit (Make/Model:)			
City, State, ZIP Code : Halstead Ks				☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey			
	Ha	suad N	<u> </u>	Est. Accuracy:	3 m, ∐ 3-5 m, ∐	5-15 m, ∐ >15 m	
3 LOCATE WELL WITH AN "X" IN	DEPTH OF	COMPLETED WEL	1. 12	\mathcal{D} ft			
	Pump test data: Well water wasft. after hours pumping gpm						
EST. YIELDgpm. Well water wasft. after hours pumpinggpm							
W	$W = \{1, 1\} \in B$ Bore Hole Diameter						
WELL WATER TO BE USED AS: Public water supply Geothermal Injection well							
Domestic Feedlot Oil field water supply Dewatering Other (Specify below)							
☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well							
S If yes, mo/day/yr sample was submitted							
water well disinfected? Yes \(\sum \) No							
5 TYPE OF CASING USED: ☐ Steel ☒ PVC ☐ Other							
Casing diameter S in to 20 ft. Diameter in to ft Diameter in to ft							
Casing diameter							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel ☐ Stainless Steel ☐ Other (Specify)							
☐ Brass ☐ Galvanized Steel ☐ None used (open hole)							
SCREEN OR PERFORATION OPENINGS ARE:							
☐ Continuous slot							
SCREEN-PERFORATED INTERVALS: From							
From							
GRAVEL PACK INTERVALS: From							
From							
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other							
Grout Intervals: From							
What is the nearest source of possible contamination:							
☐ Septic tank ☐ Lateral lines ☐ Pit privy ☐ Livestock pens ☐ Insecticide storage ☐ Other (specify below) ☐ Sewer lines ☐ Cesspool ☐ Sewage lagoon ☐ Fuel storage ☐ Abandoned water well							
Direction from well	Eas	<i>₹</i>	Distance f	rom well			
FROM TO	LITHOLOG	IC LOG	FROM	TO LITHO. LC	OG (cont.) or PLU	GGING INTERVALS	
Q 7 901	ssoil						
18 Cla	uj-		1				
18 36 fm	e san	4					
36 78 000	ry .	1	-				
98 120 Med	" san	7	-				
			-				
			 				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)							
under my jurisdiction and was completed on (mo/day/year)							
Kansas Water Well Contrac	ctor's License N	o This !	Vater Well Re	ecord was completed	on (mo/day/year)	8/2/10	
under the business name of			27.00	. by (signature)	. Franchilles	4	
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 785-296-5522. 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							