WATER WELL RECORD	Form WWC-5	Division of Water Resources App. No.
1 LOCATION OF WATER WEI County: Reno	L: Fraction LISE 1/5W	Section Number Township No. Range Number T S R \Box E W
Street/Rural Address of Well Loc from nearest town or intersection	ation; if unknown, distance & direction If at owner's address, check here	Global Positioning System (GPS) information: Latitude: (in decimal degrees) Longitude: (in decimal degrees) Elevation:
2 WATER WELL OWNER: N RR#, Street Address, Box # City, State, ZIP Code	or; tg Larsonsonflowt $ich; nson, KS 67502$	Datum: WGS 84, □ NAD 83, □ NAD 27 Collection Method: □ □ GPS unit (Make/Model:) □ Digital Map/Photo, □ Topographic Map, □ Land Survey Est. Accuracy: □ 3 m, □ 3-5 m, □ 5-15 m, □ >15 m
WITH AN "X" IN SECTION BOX:4 DEPTH OF COMPLETED WELL		
W NW NE E Bore Hold WELL W SW SE I Trrigat	Diameter	ft. after
S If ye	emical/bacteriological sample submitted to es, mo/day/yr sample was submitted Il disinfected? Yes 🔲 No	
CASING JOINTS: Glued Casing diameter in. to Casing height above land surface. TYPE OF SCREEN OR PERFORA Steel Stainless Steel Brass Galvanized Stee SCREEN OR PERFORATION OPF Continuous slot Mill slo Louvered shutter Key pur	TION MATERIAL: . PVC el DNone used (open hole) ENINGS ARE: t Gauze wrapped Torch cut uched Wire wrapped Saw cut	to ft., Diameter in to ft. lbs./ft., Wall thickness or gauge No ft. Other (Specify) Drilled holes None (open hole) Other (specify) ft., From ft. to ft.
GRAVEL PACK INTERV	ALS: From	ft., From ft. to ft. ite Other Other
Grout Intervals: From What is the nearest source of possibl	ft. toft., From e contamination: teral lines Pit privy Livestock p sspool Sewage lagoon Fuel storag epage pit Feedyard Fertilizer st	ft. to ft., From ft. to
FROM TO LITH 0 8 100 50: 8 10 59-01 10 14 Fint 50 14 32 020 5:20	OLOGIC LOG FROM	TO LITHO. LOG (cont.) or PLUGGING INTERVALS
under my jurisdiction and was comp Kansas Water Well Contractor's Lic under the business name of	eted on (mo/day/year) b Main Market States ense No This Water Well R Source States oint pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> cle Health and Environment, Bureau of Water, Geolo to WATER WELL OWNER and retain one for y	r well was constructed, reconstructed, or plugged d this record is true to the best of my knowledge and belief. cord was completed on (mo/day/year) by (signature arly. Please fill in blanks and check the correct answers. Send three copies gy Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. our records. Include fee of \$5.00 for each constructed well. Visit us at