W	ATER WELL RECORD	Form WWC-5	(SA 82a-1212 ID N	0		
LOCATION OF WATER WELL:	Fraction 5 &	5E 14	Section Number	Township Number	Range Number	
Distance and direction from nearest town or city street address of well if located within city?						
WATER WELL OWNER:						
RR#, St. Address, Box # : City, State, ZIP Code :	1500, 62 Huzzkins		502	Board of Agriculture, Application Number:	Division of Water Resources	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	DEPTH OF COMPLE Depth(s) Groundwater WELL'S STATIC WATE Pump test Est. Yield WELL WATER TO BE 1 Domestic 3 2 Irrigation 4	Encountered 1	ft. ELEVA ft.	afterhours 8 Air conditioning 11 9 Dewatering 12 10 Monitoring well	£ft.	
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	mitted		. W	ater Well Disinfected? Yes	X No	
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (S 2 VC 4 ABS Blank casing diameter	R) 6 Asb	estos-Cement erglass ft., Dia	•	r) We The	readed	
TYPE OF SCREEN OR PERFORATION 1 Steel 3 Stainles 2 Brass 4 Galvania	ON MATERIAL: s Steel 5 Fibe	erglass ocrete tile	7PVC 8 RMP (SR) 9 ABS	10 Asbestos-Ce	ement fy)	
1 Continuous slot 3 Mill slot 6 Wi 2 Louvered shutter 4 Key punched 7 To			t From	ft -	11 None (open hole)ft.	
From						
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
		ft., From			ft. to ft.	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines		7 Pit privy	10 Lives	•	Abandoned water well Oil well/Gas well	
2 Sewer lines 5 Cess pool		8 Sewage lago		•	Other (specify below)	
Watertight sewer lines 6 Seepage pit				Insecticide storage		
Direction from well?			How mar	ny feet? 40'		
FROM TO	LITHOLOGIC LOG	f	ROM TO	PLUGGING	NTERVALS	
5 3 500						
	\					
15 17 6100				***		
17 26 Grav						
20 0100	<u> </u>					
				Service and the service and th		
CONTRACTOR'S OR LANDOWNER'S CERRIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was						
completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) by (signature) by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies 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 to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.						