| WATER WELL RECORD | Form WWC-5 | Division of Water Resources App. No. |
|--|---|---|
| 1 LOCATION OF WATER WELL: County: | Fraction 1/4NE1/4SU1/4 | Section Number Township No. Range Number T S R DE XW |
| Street/Rural Address of Well Location; | | Global Positioning System (GPS) information: |
| 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: YOU'S | nan Howell | Collection Method: |
| RR#, Street Address, Box #: City, State, ZIP Code | ,s 213t | ☐ GPS unit (Make/Model:) ☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey |
| City, State, 211 Code | nioson, KS BSOR | Est. Accuracy: \square <3 m, \square 3-5 m, \square 5-15 m, \square >15 m |
| 3 LOCATE WELL | | |
| WITH AN "X" IN SECTION BOX: 4 DEPTH OF (Depth(s) Ground | COMPLETED WELL | tt. |
| N WELL'S STAT | IC WATER I EVEL | below land surface measured on mo/day/yr |
| Pump | test data: Well water was | ft. after |
| NW NE EST. YIELD | gpm Well water was | ft. after hours pumping gpm |
| W E Bore Hole Diam | | t., andft. |
| WELL WATER Domestic | | er supply |
| | | n & garden Monitoring well |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | |
| S If yes, mo/day/yr sample was submitted | | |
| 1 mile Water well disinfected? Yes No | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | |
| CASING JOINTS: Glued Clamped Welded Threaded | | |
| Casing diameter in. to | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | |
| ☐ 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 | | |
| CDAVEL DACK INTEDVALS. | From It. to | tt., From |
| From | | |
| From | | |
| Grout Intervals: From ft. to | o ft., From | ft. to ft., From ft. to ft. |
| What is the nearest source of possible cont Septic tank Lateral lin | amination: nes | ens |
| Sewer lines Cesspool | | |
| Watertight sewer lines Seepage | pit Feedyard Fertilizer st | orage Oil well/gar well |
| Direction from well | | from well |
| FROM TO LITHOLOG | * | LITHO. LOG (cont.) or FLOGGING INTERVALS |
| 13 15 13000 | Sand | |
| 15 30 000 530 0 | reavel | |
| | J | |
| | | |
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| | | |
| # CONTROL CEODIC OD I ANDOMANIE | DIG CERTIFICATION TI | 11 |
| under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year) | | |
| under the business name of Carlos (NIX) and Carlos by (signature) | | |
| 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 | | |
| http://www.kdheks.gov/waterwell/index.html. | | |
| KSA 82a-1212 | | |