| WATER WELL RECORD | | Form WWC-5 | | Divi | ision of Wate | r Resources App. No |). L | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|------------------------|-------------------------------------|----------------------|-----------------------------------------|--|--|
| 1 LOCATION OF WATER WELL: | | Fraction C 111 | (1) | Section | n Number | Township No. | Range Number | | |
| County: Keno | | 14ンと14NV | 1/2 W/4 | |) | T 23 S | $R \cap D = \mathbf{V} W$ | | |
| Street/Rural Address of Well Location; i | | | | | | System (GPS) in | | | |
| from nearest town or inter | owner's address, check | c here | Latitude: | | | | | | |
| | | | | Longitude: | | | | | |
| | | | | | Datum: ☐ WGS 84, ☐ NAD 83, ☐ NAD 27 | | | | |
| 2 WATER WELL OWNER: Mike MC Guille RR#, Street Address, Box #: 2027 N madison | | | | Collection Method: | | | | | |
| RR#, Street Address, Box #: 2327 N mad Som | | | | GPS unit (Make/Model:) | | | | | |
| City, State, ZIP Code | inton. Y | Son, KS 6750 Digital Map/Photo, Topographic Map, Land Land Land Land Land Land Land Land | | | | Map, Land Survey | | | |
| 3 LOCATE WELL | 11010 | 11130111 22 | 01302 | ESI. AC | curacy: | э ш, 🔲 э-э ш, 🔲 | 3-13 m, >13 m | | |
| WITH AN "X" IN 4 | DEPTH OF | COMPLETED WEL | L 5.2 | | ft. | | | | |
| | | | | | | ft. (2) ft. (3) ft. | | | |
| N W | WELL SSIATIC WATER ELVEL | | | | | | | | |
| Pump test data: Well water was | | | | | ft. after fc hours pumping. 25 gpm | | | | |
| EST. YIELDgpm. Well water was | | | | | ft. after hours pumping gpm | | | | |
| W E B | | oft., andft. | | | | | | | |
| 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 | | | | | | | | | |
| 1 mile Water well disinfected? Yes \(\subseteq \) No | | | | | | | | | |
| | | | | | | | | | |
| 5 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | |
| Casing diameter in to 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 | | | | | | | | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. | | | | | | | | | |
| From | | | | | | | | | |
| From | | | | | | | | | |
| From | | | | | | | | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | | | | | | | | |
| Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. | | | | | | | | | |
| 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 | | | | | | | | | |
| Watertight sewer lines | | | | | | | | | |
| Direction from well | | | D: 4 | | | | | | |
| FROM TO | LITHOLOG | IC LOG | FROM | TO | LITHO. LO | OG (cont.) or PLU | GGING INTERVALS | | |
| 0 10 Eins | 131ack | Wict | | | | | | | |
| 10 14 FING | Sand | | | | | | | | |
| 14B2 714 | size a | aucl | | | *** | | 770.00 | | |
| | | | | | | | | | |
| | | - Total - Tota | | - | NAME OF TAXABLE PARTY. | | | | |
| | | | - | | | | | | |
| | | | - | | | | | | |
| | | 1171/400-11-11-11-11 | | | **** | | *************************************** | | |
| | V 1-70-Maril 170-1 | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed or a plugged | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 5 and this record is true to the best of my knowledge and belief. | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| under the business name of | حکا نسا | - waters | MSdlms | > by (sig | gnature) | 1 | Jan | | |
| 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 Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. | | | | | | | | | |
| (white, blue, pink) to Kansas Depa Telephone 785-296-5522. Send o | | | | | | | | | |
| http://www.kdheks.gov/waterwell/ir | | ER WELL OWNER and | retain one for y | our record | s. menude <u>ree</u> | or solve for each co | msuucieu wen. visit us at | | |
| KSA 82a-1212 | | · · · · · · · · · · · · · · · · · · · | 111-111,4 | | ** | 7.44 | | | |