WATER WELL RECORD		Form WWC-5		Division of Water Resources App. No.		
1 LOCATION OF WATER WELL: County: 200		Fraction 1456450	J1/4NW1/4	Section Number	Township No.	Range Number R \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: 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: JESSICA POUTS RR#, Street Address, Box #: 2100 N madison City, State, ZIP Code Hutchinson, XI 67502				Datum: □ WGS 84, □ NAD 83, □ NAD 27 Collection Method: □ GPS unit (Make/Model:) □ Digital Map/Photo, □ Topographic Map, □ Land Survey Est. Accuracy: □ 3.5 m, □ 5.15 m, □ >15 m		
SECTION BOX: N W NWNE B W	DEPTH OF (epth(s) Ground ELL'S STATI Pump ST. YIELD ore Hole Diam ELL WATER	COMPLETED WEL lwater Encountered C WATER LEVEL test data: Well wategpm Well wate eterin. to . TO BE USED AS: [t 3-(1) ft er was ff Public wat	below land surfaceft. afterft. afterft. after supply	measured on mo/dandal hours pumple hours pum	ping gpm ping gpm ft. njection well
S W	If yes, mo/ ater well disin	☐ Industrial bacteriological sampleday/yr sample was sulfected? ☐ Yes ☐	Domestic-lay e submitted to bmitted No	vn & garden [] : Department? [Monitoring well Yes 🗶 No	Other (Specify below)
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter						
Louvered shutter Key punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft.						
GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft. to ft., From ft.,						
FROM TO 10 13 17 10 13 17 10 13 17 10 10 10 10 10 10 10 10 10 10 10 10 10	LITHOLOG Black Sand	CLOG,	FROM			JGGING INTERVALS
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)						
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 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html . KSA 82a-1212						