| WATER WELL RECOI | RD | Form W | WC-5 | Division of | Water Resources App. 1 | No. | |
|--|--------------------|------------------------|------------------------|--|-------------------------------------|---|--|
| 1 LOCATION OF WATER WELL: | | Fraction | | | er Township No. | | |
| | | 1/4 SW 1/4 SU | 11/5E1/ | | | $\begin{array}{c} R & \square E \\ \hline \\ \hline \\ \\ \hline \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\$ | |
| | | | | | $\frac{1}{1} \propto 7 \frac{3}{1}$ | | |
| Street/Rural Address of Well Location; if unknown, distance & direction | | | | Global Positioning System (GPS) information: Latitude: .3.7.9.70.6.3 (in decimal degrees) | | | |
| from nearest town or intersection: If at owner's address, check here $\mathbf{\Sigma}$. | | | | Longitude: .0.9.8.0.2.2.9.1 | | | |
| | | | | | | | |
| | | | | Elevation: | | | |
| 2 WATER WELL OWNER: Willi'S Ni'S/V | | | | Datum: 🔀 WGS 84, 🗌 NAD 83, 🗌 NAD 27 | | | |
| 2 WATER WELL OWNER: Will'S Nisly RR#, Street Address, Box #: 5914 W Trail west Rd | | | | Collection Method: | | | |
| City, State, ZIP Code : // // // // // // // // // // // // / | | | | Digital Map/Photo, Topographic Map, Land Survey | | | |
| City, State, Zir Code | Hutch | ,KS 6750 | 1 | | | | |
| 3 LOCATE WELL | | | | | | | |
| WITH AN "X" IN 4 DEPTH OF COMPLETED WELL | | | | | | | |
| SECTION BOX: Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft. | | | | | | | |
| N WELL'S STATIC WATER LEVEL. 1.3ft. below land surface measured on mo/day/yr.52 | | | | | | | |
| Pump test data: Well water wasft. after | | | | | | | |
| EST VIELD and Well water was ft after hours pumping and | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| WELL WATER TO BE USED AS: Public water supply Geothermal Injection well | | | | | | | |
| $ = SW_{} S$ | | | | | | | |
| ☐ Irrigation ☐ Industrial ☐ Domestic-lawn & garden ☐ Monitoring well | | | | | | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | | | | | | |
| S If yes, mo/day/yr sample was submitted | | | | | | | |
| Water well disinfected? 🛛 Yes 🗌 No | | | | | | | |
| 5 TYPE OF CASING USED: Steel Z PVC Other | | | | | | | |
| CASING JOINTS: 🛛 Glued 🗌 Clamped 🔲 Welded 🔲 Threaded | | | | | | | |
| Casing diameter | | | | | | | |
| Casing height above land surface | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | | | | | | |
| Steel Stainless Steel VC 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 | | | | | | | |
| $ \begin{array}{c} \text{From} \\ \text{GRAVEL PACK INTERVALS:} \\ \end{array} \\ \begin{array}{c} \text{From} \\ \text{From} \\ \textbf{J} \\ \textbf{J}$ | | | | | | | |
| GRAVEL PACK INTERVALS: From | | | | | | | |
| From ft. to ft., From ft. to ft., | | | | | | | |
| 6 GROUT MATERIAL: 🔲 Neat cement 🗌 Cement grout 🛣 Bentonite 🗌 Other | | | | | | | |
| Grout Intervals: From | | | | | | | |
| 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 □ Seepage pit □ Feedyard □ Fertilizer storage □ Oil well/gas well | | | | | | | |
| Direction from well | | | | | ຽັ | | |
| FROM TO | LITHOLOGI | CLOG | FROM | TO LITHO | D. LOG (cont.) or PL | UGGING INTERVALS | |
| 0 17 Br Cla | 5 | | | | | | |
| | + Grave | e/ | | | | | |
| 42 45 Shale | | | | | | | |
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| 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) | | | | | | | |
| Kansas Water Well Contractor's License No, This Water Well Record was completed on (mo/day/year) .5 | | | | | | | |
| under the business name of <u>Miller</u> <u>Drilling</u> by (signature) <u>Justices</u> 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 | | | | | | | |
| INSTRUCTIONS: Use typewriter of | or ball point pen. | PLEASE PRESS FIRML | Y and <u>PRINT</u> clo | arly. Please fill in l | blanks and check the corre | ect answers. Send three copies | |
| (white, blue, pink) to Kansas Depar Telephone 785-296-5524. Send on | tment of Health an | nd Environment, Bureau | of Water, Geol | ogy Section, 1000 S | w Jackson St., Suite 420 | , Topeka, Kansas 66612-1367. | |
| http://www.kdheks.gov/waterwell/ind | | WILL OWNER and | retain one for y | inclui | 10 100 01 55.00 101 CdCh | constructed went. visit us at | |