WATER WELL RECORD	Form WWC-	5 Division of Water Resources App. No.
1 LOCATION OF WATER WE	LL: Fraction	Section Number Township No. Range Number
County: Ran O	1/4 NW1/5W1/4)	$(\mathcal{E}_{4})$ 5 T 25 S R 4 $(\mathcal{E}_{W})$
	ocation; if unknown, distance & direction: If at owner's address, check here	
nom hearest town or mersection	i. If at owner's address, effect fiere	Longitude:
		Elevation:
2 WATER WELL OWNER:	Total and	<u>Datum</u> :  WGS 84, NAD 83, NAD 27 Collection Method:
2 WATER WELL OWNER: Jeff Loop RR#, Street Address, Box #: 108 & 8 1 5+ City, State, ZIP Code : Haven Ko		GPS unit (Make/Model:)
City, State, ZIP Code :	103 6 82 57	☐ Digital Map/Photo, ☐ Topographic Map, ☐ Land Survey
		Est. Accuracy:
WITH AN "X" IN 4 DEPT	TH OF COMPLETED WELL	
SECTION BOX: Depth(s)	Groundwater Encountered (1).	ft. (2) ft. (3) ft.
N WELL'S	STATIC WATER LEVEL	ft. below land surface measured on mo/day/yr
I   EST. YI		ft. after hours pumping gpm
W Bore Ho	ole Diameterin. to	ft., andin. toft.
		olic water supply    Geothermal    Injection well
SW SE Don		eld water supply
		nitted to Department?  Yes No
S If yes, mo/day/yr sample was submitted		
Water well disinfected? ▼ Yes No		
5 TYPE OF CASING USED: Steel PVC Other		
CASING JOINTS: Solution Glumped Welded Threaded Casing diameter in. to		
Casing height above land surface		
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)		
From		
GRAVEL PACK INTERVALS: From 2.4. ft. to 6.0 ft., From ft., From ft. to ft. to ft.		
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 ☐ Seepage pit ☐ Feedyard ☐ Fertilizer storage ☐ Oil well/gas well		
Direction from well		istance from well
		OM TO LITHO. LOG (cont.) or PLUGGING INTERVALS
	Soil	
2 26 Clay S	and	
53 60 Clay	3763	
- Jan		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, preconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)		
under my jurisdiction and was completed on (mo/day/year)		
under the business name of		
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS HIRMLY 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. Telephone 785-296-5524. 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.htr		
KSA 82a-1212		