WATER WELL RECORD Form WWC-5			vision of Water								
	Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction		Resources App. No.			Well ID					
	ATER WELL:	Fraction E.S W.	SE Se	ction Number		1 /- 1/					
2 WELL OWNER: Last Name: Business: Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:											
Address: 3024 n Toa Time Address: 3024 n Toa Time 3024 n Toa Time											
City: Wielet State KD ZIP: 67205											
3 LOCATE WELL 7 G											
WITH "X" IN	4 DEPTH OF COMP	LETED WELL: .	tبن. برند.		le:						
SECTION BOX:	SECTION BOX: Depth(s) Groundwater Encountered: 1)										
N	N 2)										
	WELL'S STATIC WATER LEVEL:/. Source for Latitude/Longitude: GPS (unit make/model:										
11'1'					S (unit make/model:						
above land surface, measured on (mo-day-yr). Pump test data: Well water was					(WAAS enabled? ☐ Yo						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					nd Survey Topograph						
W hours pumping gpm Online Mapper:											
SWSE	afterhours pumpinggpm										
 	Telimoted Vield				6 Elevation:ft. Ground Level TOC						
S	S Bore Hole Diameter: in. to			Source: Land Survey GPS Topographic Map							
1 mile Other											
7 WELL WATER TO BE USED AS:											
1. Domestic:		Supply: well ID		10. □ Oil	Field Water Supply: lease	1					
☐ Household 6. ☐ Dewatering: how many wells?				. 11. Test Hole: well ID							
Lawn & Garden 7. Aquifer Recharge: well ID				☐ Cased ☐ Uncased ☐ Geotechnical							
Livestock	Livestock 8. Monitoring: well ID				12. Geothermal: how many bores?						
2. Irrigation 9. Environmental Remediation: well ID				a) Closed Loop							
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra				b) Open Loop Surface Discharge Inj. of Water							
4. Industrial	☐ Recovery	☐ Injection		13. 🔲 Oth	er (specify);						
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected? Yes Mo											
8 TYPE OF CASING USED: Steel DPVC Other CASING JOINTS: A Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter ft.											
Casing height above land surface 1.2 in. Weight											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass DXPVC ☐ Other (Specify)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From 2.3 ft. to 3.5 ft., From ft. to ft., From ft. ft. to ft.											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Nearest source of possible contamination:											
☐ Septic Tank ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage											
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well											
Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
Other (Specify)											
Direction from well?	soul,	Distance from we									
10 FROM TO	LITHOLOGIC	CLOG	FROM	TO L	ITHO. LOG (cont.) or PL	UGGING INTERVALS					
0 9	1000	10				,					
9 20	time)	ton Ja	not!								
20 38	(50700_	ton s	nd								
			,								
			Notes:								
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year)											
under my jurisdiction and was completed on (mo-day-year)											
Kansas Water Well Contractor's License No. 472. This Water Well Second was completed on (mo-day year) under the business name of A. Sarakan Punny 4 Wall Signature											
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,											
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain one for your records. Telephone 785-296-5524.											
1000 CW Jackson Ct	Suite 47() Tonaka Kansas 444	17-1367 Mail one to 14	ater Well Due	er and retain one	Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015						