WATER WELL R		Form WWC-5			rision of Wat	l l	77-11.77		
	Original Record			Resources App. No. Section Number			ber Range Number		
('01	10 10 10 11	<b></b> ••••••	区以从区分			T Z 6 S			
2 WELL OWNER: L	ast Name:	First:		Street or Ru	ral Address		(if unknown, distance and		
Business: TIOWUY direction from nearest town or intersection): If at owner's address, check here: V									
Address 5327 Delawarest									
City: Wichite		State: ZIP: 10	1204						
WITH "X" IN									
SECTION BOX:	Depth(s) Groundwater Encountered: 1)								
N									
	below land surface, measured on (mo-day-yr)				. <del>  30mc</del>	Source for Latitude/Longitude:			
NWNE		above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)			
	Pump test data: Well water was ft.					☐ Land Survey ☐ Topographic Map			
W KE	after	after hours pumpinggpm				☐ Online Mapper:			
SWSE	offer	Well water was ft. after hours pumping gpm							
		Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC			
S	Bore Hole l	Bore Hole Diameter: in. to ft. and				Source: Land Survey GPS Topographic Map			
1 mile									
7 WELL WATER TO BE USED AS:									
1. Domestic:		Public Water Supply:					lease		
★ Household						11. Test Hole: well ID			
Livestock									
2. Irrigation	9. Environmental Remediation: well ID					12. Geothermal: how many bores?			
3. Feedlot Air Sparge Soil Vapor Extraction					b) O	b) Open Loop Surface Discharge Inj. of Water			
4. Industrial Recovery Injection 13. Other (specify):									
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: 11.115.21									
Water well disinfected? Yes No									
8 TYPE OF CASING	USED: MS	Steel PVC Othe	r	CASI	NG JOINTS	S: Glued Clampe	d 🗌 Welded 🚉 Threaded		
Casing diameter									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
★ Steel       □ Stainless Steel       □ Fiberglass       □ PVC       □ Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE:									
Continuous Slot									
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)  SCREEN-PERFORATED INTERVALS: From									
SCREEN-PERFORATED INTERVALS: From									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.									
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other									
Grout Intervals: From									
Nearest source of possible contamination:  ☐ Lateral Lines ☐ Pit Privy ☐ Livestock Pens ☐ Insecticide Storage									
☑ 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 ☐ Feedvard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? Distance from well?  ft.									
Direction from well?	20+4	Dist	ance from we	11?		f	t.		
10 FROM   TO	]	LITHOLOGIC LOG		FROM	TO	LITHO. LOG (cont.)	or PLUGGING INTERVALS		
0 3	sand	· · · · · · · · · · · · · · · · · · ·		ļ					
14 25	cay,	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	<b> </b>		•			
17 43	Sand		<del></del>	<u> </u>					
	· · · · · · · · · · · · · · · · · · ·			<u> </u>					
		····		<del> </del>		_			
				Notes:	20100016	2010 5000	1 point dinstall		
				1	WHIN	CO VICE OVITIC	F 1000		
Notes: Removed old sand point & install a new one:									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed. Treconstructed, or plugged									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was   constructed,   reconstructed, or   plugged under my jurisdiction and was completed on (mo-day-year)									
under my jurisdiction a	nd was comp	leted on (mo-day-ye	ar)	and and	ming record		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1		
Kansas Water Well Con	nd was comp	leted on (mo-day-ye ense No	This Wa	ter Well Re	cord was co	mpleted on (mo-day-	year)		
under the business nam	e of .(.)L.X	NO HOMEN	MW	Si	enature				
under the business nam Mail I white copy ale	e of .(.)(.) ong with a fee of	\$5.00 for each constructed	ed well to: Kan	sas Departmen	gnature t of Health and	mpleted on (mo-day- Henvironment, Bureau of Vone for your records. Telep	Vater, GWTS Section,		