WATER WELL F	ECORD Form	WWC-5	Div	ision of Water				
Original Record		ige in Well Use		urces App. No.		Well ID		
1 LOCATION OF WATER WELL: Fraction		Section Number Townsh		Township Numb				
County: Kingmen 1/4 SW 1/4 NO 1/4				25	T 27 S	R /O□E MW		
2 WELL OWNER:	ast Name: Rainua	First: PuTT	Street or Rui	al Address w	here well is located	(if unknown, distance and		
Business: direction from nearest town or intersection): If at owner's address, check nere:								
Address: 13952	•	3miles	East of	CUMMINGHAN	non old 54 hwy			
Address:	State: K	S ZIP: 67035	TO NW 14	once /m)	le worth To A	JW 10 ST /Z EAST		
City: Cunning								
WITH "X" IN	TTH "X" IN 4 DEPTH OF COMPLETED WELL:				75. ft. 5 Latitude:(decimal degrees)			
SECTION BOX:	Depth(s) Groundwater		Longitude:(decimal degrees)					
N	2) ft.	3) ft., or 4)	Dry Well	Dry Well Horizontal Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27				
r	WELL'S STATIC WA	ATER LEVEL:Zo		Source for Latitude/Longitude:				
' '	below land surface, measured on (mo-day-yr			GPS (unit make/model:)				
NW NE	☐ above land surface, measured on (mo-day-y Pump test data: Well water was			(
w E			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
	after hours pumping gpm Well water was ft.			Offinic Mapper.				
SW SE	after hours numping gnm							
	Estimated Yield:	CI.	6 Elevation:ft. Ground Level TOC					
S	Estimated Yield: Bore Hole Diameter:	ft. and	Source: Land Survey GPS Topographic Map					
mile	<u> </u>	in. to			Other			
7 WELL WATER TO	BE USED AS:				-			
1. Domestic:		ater Supply: well ID				ease		
Household								
Lawn & Garden	<u> </u>				☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock		ng: well ID		12. Geothermal: how many bores?				
2. ☐ Irrigation 3. ☐ Feedlot		tal Remediation: well II		a) Closed Loop				
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extra 4. ☐ Industrial ☐ Recovery ☐ Injection				b) Open Loop Surface Discharge Inj. of Water				
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:								
Water well disinfected? Yes No 8 TYPE OF CASING USED: □ Steel ■ PVC □ Other								
8 TYPE OF CASING USED: ☐ Steel M PVC ☐ Other								
Casing diameter								
Casing height above land surface								
TYPE OF SCREEN OR PERFORATION MATERIAL: ☐ Steel ☐ Stainless Steel ☐ Fiberglass ✔ PVC ☐ Other (Specify)								
☐ Steel ☐ Stainless Steel ☐ Fiberglass								
SCREEN OR PERFORATION OPENINGS ARE:								
☐ Continuous Slot								
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From .95 ft. to								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
Nearest source of possible contamination:								
☐ Septic Tank	☐ Lateral Lin	es 🔲 Pit Privy		Livestock Pens	☐ Insecti	cide 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? Distance from well?								
Direction from well?	[l.]				ft	DI HOCDIO DITEDUATO		
10 FROM TO	LITHOLO		FROM	TO L	THU. LUG (cont.) o	r PLUGGING INTERVALS		
0 10:	JANG TOP	50:1				(A) (18/Ver.)		
19 40	White CLAY		1					
40 45	1 Am Sandy	Clay						
45 90 90 95	Fine TAM	SANId	1					
90 95	BRN CIA		1			· · · · · · · · · · · · · · · · · · ·		
			1					
			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) 8								
under my jurisdiction and was completed on (mo-day-year)								
Kansas Water Well Contractor's License No. 67. This Water Well Record was completed on (mo-day-year) under the business name of								
under the business		<i>1887728</i> 2 128741						
Mail 1 white copy all	e of . C. A. A. W. G. S. O. for es	ach constructed well to: Kar	sas Department	of Health and P	vironment, mire in the	oter, GWTS Section.		
Mail 1 white copy ale	ong with a fee of \$5.00 for each, Suite 420, Topeka, Kansa	ach constructed well to: Kar s 66612-1367. Mail one to	sas Department Water Well Own	of Health and Brief and retain one	vironment, Bureau or w for your records. Telep	hone 785-296-5524.		