WATE	R WELL	RECORD	Form	WWC-5		Think or					
Origin	nal Record	Correction	☐ Chang	ge in Well Use		Division of W			<u> </u>		
1 LOCA	1 LOCATION OF WATER WELL:			Fraction		Resources App			Vell ID		
Coun	County: Proxim				4 CO VI	Section Num	nber	Township Number	Range Numb		
2 WELI	L OWNER:	Last Name: Cov	26.10	First: Vieity		<u> 34</u>		<u>T 37 S</u>	R 3 E 2	<u>a</u>) W	
Busines	ss:		- , ,	1 115t. 6 101 1 1	Street or Rural Address where well is located (if unknown, distance and					ıd	
Address: 307 Hillside Address:						direction from nearest town or intersection): If at owner's address, check here:					
	54007 fr. 2:		a t c								
	TE WELL		State: 1/5	ZIP: 67124		-					
	"X" IN	4 DEPTH	OF COM	IPLETED WELL:	95	ft F Y a		27 1 1 01 26			
l l	SECTION BOX: Depth(s) Groundwater Encountered: 1)						utuae:	37-648630	(decimal deg	grees)	
	N 2) ft. 3) ft. or 4)					Loi	ugnua	e: 98, 134 688	(decimal deg	grees)	
	WELL'S STATIC WATER LEVEL:					2101	rce for	Datum: WGS 84 L Latitude/Longitude:	INAD 83 LINA	D 27	
,	□ below land surface, measured on (□ above land surface, measured on (, , , , , , , , , , , , , , , , , , , ,				`	
NW-	NWNE above land surface, measured on (mo-control of Pump test data: Well water was					(WAAD CHADLEU! I ES (NA)			: [] No))	
w	+	aia. Well W	numping	tt.	☐ Land Survey ☐ Topographic Map						
	t Wall make a spin						Online Mapper: Google Combo Pro				
after hours numning											
	3 gnm	6 Elevation:			:ft. П	Ground Level	TOC				
Bore Hole Diameter: . (1.9/20. in. toT.Q	Sou	6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map					
			in. to	ft.	Other						
WELL WATER TO BE USED AS:											
House	sehold							10. Oil Field Water Supply: lease			
	☐ Household ☐ Lawn & Garden ☐ Livestock ☐										
Lives		/· 📙	Monitorine	charge: Well ID		🔲 (Cased	☐ Uncased ☐ Geot	echnical		
2. 🗌 Irrigat	o. Li Montollig. Well ID						otherma	l: how many bores?			
3. Teedle	3. Feedlot Air Sparge Soil Vapor Es						Closed	Loop Horizontal [☐ Vertical		
4. Industrial Recovery Injection						b) (b) Open Loop Surface Discharge Inj. of Water				
Was a chamical/hostovials signal.											
water well disinfected? Hyes \(\text{No} \)											
8 TYPE OF CASING USED: Steel VERVC STORE											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter ft., Diameter in. to ft., Diameter ft., Diameter in. to ft., Diameter in. to ft.											
Casing height above land surface in Weight in Weight in the first											
The state of the s											
☐ Steel ☐ Fiberglass ☐ PVC ☐ Other (Specific)											
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None yeard (annual transfer of the Concrete tile ☐ None yeard											
SCREEN OR PERFORATION OPENINGS ARE:											
☐ Continuous Slot											
Louvered Shutter Key Punched Wire Wrapped Saw Cut None (Open Hole)											
DOLODIN'I DIN ONATED IN FRVAI C. From 1 3 4 4 500 C m											
GRAVEL PACK INTERVALS: From											
GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From t. to ft., From ft. to ft.											
Nearest sou	rce of possib	le contaminatio		II., From	tt. to	ft., Fron	n	ft. to	ft.		
☐ Septic	Tank		n. ateral Lines	☐ Pit Privy	-	☐ Livestock P				İ	
☐ Sewer		ПС	ess Pool	☐ Sewage Lag		Fuel Storag		☐ Insecticide S	torage		
∐ Watert	ight Sewer Li	nes \square Se	eenage Dit	Too drawal	_	Fertilizer St	torage	☐ Abandoned ☐ Oil Well/Ga	Water Well		
U Other ((Specify)							On wen/Ga	well	İ	
Other (Specify) Direction from well? Mone Distance from well?											
O			INOLOG	IC LOG	FROM	TO	LITH	O. LOG (cont.) or PLU	GGING INTERVA	ALS	
	6	White Clar	ing Tops	Lios							
19	18	Jan Cla	7 -							$\overline{}$	
64	204	Fine Tan	Sand							$\overline{}$	
	88	Coarse G								$\neg \neg$	
88	95	Ton Clay	4							-	
		9	<u> </u>							-	
					Notes:					\neg	
11 CONTRACTOR'S OR LANDOWNER OF CONTRACTOR O											
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, are constructed, or plugged under my jurisdiction and was completed on (mo-day-year)											
under my jurisdiction and was completed on (mo-day-year)											
under the b	usiness name	increase. To s	is look	Se limit	or won ice	cord was co	mpiere	ed on (mo-day-year).	apay.as		
									WTS Section		
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.											
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015											