WATER WELL RECORD Form WWC-5 Division of Water									
Original Record	ge in Well Use	Resources App. No. Well ID							
I LOCATION OF WATER WELL: Fraction					ction Number				
County: Kiou	4		1 1/5W 1/5W	<u> </u>	34	T 27 S			
2 WELL OWNER: L	ast Name: Cha	meey	First: 806	Street or Ru	ral Address w	here well is located	(if unknown, distance and		
Business: Address: P.O. BOX 762. direction from nearest town or intersection): If at owner's address, check here: From Hau: land, K5 2 miles North 70 G ST.									
Address: P. D. Address:	X 76Z								
City: SATAN	FA	State: KS	ZIP: 67870	2miles	ENST 7	6 55 Ave.	EAST SILE OF TIPE		
3 LOCATE WELL			MPLETED WELL	150 0					
WITH "X" IN							(decimal degrees)		
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				Longitude:(decimal degrees) Horizontal Datum: □ WGS 84 □ NAD 83 □ NAD 27				
N			TER LEVEL:			Source for Latitude/Longitude:			
	M below l	below land surface, measured on (mo-day-yr). 10-22-				GPS (unit make/model:)			
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? Yes No)				
	Pump test data: Well water was ft.				☐ Land Survey ☐ Topographic Map				
W	after	after hours pumpinggpm				Online Mapper:			
SW SE			water was						
x	after	hour	rs pumping	gpm	6 Elevati	on:ft	t. Ground Level TOC		
S	Rore Hole I	Tiameter A	105/8 in. to 155	ft and	Source:	☐ Land Survey ☐	GPS Topographic Map		
1 mile	Bole Hole I		in. to	ft.					
7 WELL WATER TO BE USED AS:									
1. Domestic:			ater Supply: well ID		10. □ Oil	Field Water Supply: le	ease		
Household						11. Test Hole: well ID			
Lawn & Garden	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock	8. Monitoring: well ID					12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID					a) Closed Loop Horizontal Vertical			
3. Feedlot			ge Soil Vapo	r Extraction			ischarge 🔲 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:									
Water well disinfected? Yes □ No TYPE OF CASING USED: □ Steel YPVC □ Other									
8 TYPE OF CASING	USED: □ S	teel PV	C Other	CASI	NG JOINTS:	Glued Clamper	d ☐ Welded ☐ Threaded		
Casing diameter									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass PVC ☐ 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									
GRAVEL PACK INTERVALS: From 150 ft. to30 ft., From ft., From ft., From ft. to ft.									
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									
Westerfields Service Lines DS Community and DR about DR at 11 Community and DR at 11 Commun									
Other (Specify)		page i ii		_		50 LI OII WC	ALL GAD IT UII		
Other (Specify) Direction from well?	199		Distance from	well? 999	7 	ft.	•		
10 FROM TO	I	ITHOLO	GIC LOG	FROM			r PLUGGING INTERVALS		
0 10:	SAND	TOP							
10 35	Sandy	CAY							
35 /35	med 5		ran						
135 140	LANCE	SAnd							
140 155	LATGE	9/A	el			4			
	7	J							
				Notes:		· t			
						4000			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) 10:22-20.20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 22-20.20 This Water Well Record was completed on (mo-day-year) 10:22-20.20									
Kansas water well Con	tractor's Lice	ense No	بر Inis ۱	vater well Ked	ord was comp	pleted on thio-days	car)		
under the business name	ng with a fee of	\$5.00 for each	ch constructed well to: Y	ansas Department	of Health and Fa	vironment, Sureau of W	Vater, GWTS Section,		
and I winte copy ato		42.00 IOI ES	- Sonstacted well to. F	Department	or meaning and Cl	for your records. Teleph	705 006 5504		
1000 SW Jackson St	. Suite 420. Ton	eka, Kansas	66612-1367. Mail one	to Water Well Own	ner and retain one	for your records. Telebi	none /85-296-5524.		