| | TER WELL RECORD Form WWC-5 | | | Division of Water | | . at | Well ID | | |
|--|---|------------------------|---------------------|---|--|--|--------------|---|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | Resources App. No. Section Number Township Num | | | | ge Number | |
| Country L. C. L. P. A. L. M. N. W. S. L. L. D. T. D. T. S. R. Z. T. E. M. W. | | | | | | | | | |
| 2 WELL OWNER: Last Name: Stan Confirst: Starty 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: [2] | | | | | | | | | |
| Business: 222 N RaceLorge St direction from nearest town or intersection): If at owner's address, check here: | | | | | | | | | |
| Address: LL 7 Machorae St | | | | | | | | | |
| City: Wechita State: Ka ZIP: 67235 | | | | | | | | | |
| | | | | | | | | | |
| WITH "X" IN | 4 DEPTH OF COMPLETED WELL: 80 ft 5 Latitude: 37, 48.55/35 (decimal de | | | | | | | decimal degrees) | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | | | | |
| N | 2) ft. 3) ft., or 4) \square Dr. WELL'S STATIC WATER LEVEL | | | | | | | | |
| | below land surface, measured on (mo-day-yr) | | | | - | (unit make/model: | * |) | |
| NWNE | 🔀 above land surface, measured on (mo-day-yr). | | | | is Lan | (WAAS enabled? | | | |
| | Pump test data: Well water was ft. | | | | ☐ Land Survey ☐ Topographic Map | | | | |
| W X E | after bours pumping gpm | | | | Online Mapper: | | | | |
| SWSE | Well water was ft. after hours pumping | | | | | | | | |
| | Estimated Viold: 7 A F com | | | | 6 Elevation:t. □ Ground Level □ TOC | | | | |
| S | Bore Hole | Diameter: 12 | in. to 8.0 | . ft. and | Source: Land Survey GPS Topographic Map | | | | |
| mile | | *********** | . in. to | . fl. | | Other | | *************************************** | |
| 7 WELL WATER TO BE USED AS: 1. Domestic: 5. Dublic Water Supply: well ID | | | | | | | | | |
| | | | | | | | | | |
| ☐ Household Lawn & Garden | 6. ☐ Dewatering: how many wells? 7. ☐ Aquifer Recharge: well ID | | | | | | | | |
| Livestock | | | | | | | | | |
| 2. Irrigation | 8. Monitoring: well ID 9. Environmental Remediation: well ID | | | | a) Closed Loop Horizontal Vertical | | | | |
| 3. Feedlot | _ • | | | | | b) Open Loop Surface Discharge Inj. of Water | | | |
| 4. [Industrial | |] Recovery | ☐ Injection | | 13. 🔲 Othe | r (specify): | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes XNo If yes, date sample was submitted: | | | | | | | | | |
| Water well disinfected? | | | | | | | | | |
| 8 TYPE OF CASING USED: Sieel SEPVC Other | | | | | | | | | |
| Casing diameter | | | | | | | | | |
| Casing height above land surface 12 in Weight 190 lbs/ft. Wall thickness or gauge No. 29 | | | | | | | | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel Fiberglass MPVC Other (Specify) | | | | | | | | | |
| Brass Galvanized Steel Concrete tile None used (open hole) | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: | | | | | | | | | |
| ☐ Continuous Slot ☐ Canze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify) | | | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From | | | | | | | | | |
| | | | | | | | | | |
| 9 GROUT MATERIAL: Neat coment Coment grout Schentonite Other Other | | | | | | | | | |
| 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 | | | | | | | | | |
| Direction from well? Distance from well? | | | | | | | | | |
| 10 FROM TO | | LITHOLOGIC LO | | FROM | | THO. LOG (cont.) or | | INTERVALS | |
| 0 2 | tons | | | | | | | | |
| 2 56 | Clay | ~ | | | | | | | |
| 56 64 | Line | - sand | | | | | | | |
| 64 80 | modis | m Sar | 2 | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | Notes: | | | | | |
| | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\) constructed, \(\) reconstructed, or \(\) plugged | | | | | | | | | |
| under my invisdiction and was completed on (mo-day-year) | | | | | | | | | |
| Kansas Water Well Contractor's License No Q.11 This Water Well Record was completed on (mo-day-year) 11, 11.0.1.1.5 | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | |
| thet the state and | of | ense No | This Wat | er Well Ke 4Si | gnature | have I | Sill | .a.f.15 | |
| Mail 1 white copy alo | ng with a fee of | \$5.00 for each constr | ructed well to: Kam | las Department | of Health and En | vironment, Bureau of W | ater, GWTS S | ection/ | |