WATER WELL REC	CORD	Form WWC-5	Division of Wa	ater Resources; App. No. 🗀		
1 LOCATION OF WA		Fraction	Section Number			
County:	-90 M	561/4 561/4 5 E	4 30	T27S	R E	
County: Type County: Start Sta					ees, min. of 4 digits)	
located within city?						
NON 1005 of		Longitude:				
2 WATER WELL OWNER: Sige Bartch Mayhes			Elevation:	Elevation:		
RR#, St. Address, Bo	x# : 2019 71, =	Si whom & Lane	Datum:			
City, State, ZIP Code	: King ung			- N (-41 J.		
Data Concetion Method.						
LOCATION CONTRACTOR OF THE CON						
WITH AN "X" IN	Depth(s) Groundwater Encountered (1)					
SECTION BOX:	Pump test data: Well water wasft. after hours pumping gpm					
14	Pump test data: Well water was					
	Est. Yieldgpm: Well water wasft, after					
NW NE	WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
W	E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well					
Domestic (lawii & garden) 10 Monitoring wen						
SW SE XX						
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted						
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped						
5 TYPE OF CASING U	2	ron 8 Concrete	ile CASI	NG JOINTS: Glued	Clamped	
1 Steel 3 RM	P (SR) 6 Asbestos-6	Cement 9 Other (spe	cify below)			
X2 DVC 4 ABS 7 Fiberglass Threaded						
Blank casing diameter	in. to 5.0.	ft., Diameter	🤧 in. to f	t., Diameter	in. toft.	
Blank casing diameter						
11 PE OF SCREEN OK		MAL.				
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)						
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)						
SCREEN-PERFORATED INTERVALS: From						
From						
From ft. to ft., From ft. to ft.						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout ABentonite 4 Other						
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Grout Intervals: From						
<u>.</u>						
	1 0 1	2		U	LOULATION	
Direction from well? FROM TO	LITHOLOGIC		many feet? OM TO	PLUGGING INT		
			OW IO	FLUUUIINU IN I	EKVALD	
2 8 5		2: L			······································	
8 14 1	ce con					
14 40	7-118 Stad					
40 50	Coarse San	۷				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (a) constructed, (2) reconstructed, or (3) plugged						
under my jurisdiction and was completed on (mo/day/year)						
Kansas Water Well Contractor's License No. Co This Water Well Record was completed on (mo/day/year)						
under the business name of () () () () () () (by (signature))						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Maks, underline or circle the correct answers. Send top						
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone						
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at						
http://www.kdheks.gov/waterwell/index.html.						