WATER WELL RI		Form V	WWC-5	Div	ision of Water				
☑ Original Record ☐	Correction [☐ Chang	e in Well Use	Res	ources App. No). L———	Well ID		
1 LOCATION OF WA	ATER WELI		Fraction	Se	ction Number	Township Numl	ber Range Number		
County: Kyrgyroo	NE1/4 SQ 1/4 NE 1/4	21101/4	8	T 27 S	R 7 DE XXW				
2 WELL OWNER: La	st Name Lavor	ever	First: Brad	Street or Ru	ral Address v	here well is located	(if unknown, distance and		
Business:	8,,,,,,,				rection from nearest town or intersection): If at owner's address, check here:				
Address: 479 NE SO4h St									
Address:									
City: Kingman	S	tate: 145	ZIP: 67008						
3 LOCATE WELL	4 DEPTH OF COMPLETED WELL:35.				5 Latitude: 370 71 10 517 (decimal degrees) Longitude: -98, 109248 (decimal degrees)				
WITH "X" IN	Depth(s) Groundwater Encountered: 1)								
SECTION BOX:	2) ft. 3) ft., or 4) Dry Well					Horizontal Datum: WGS 84 NAD 83 NAD 27			
N			TER LEVEL:			Source for Latitude/Longitude:			
	below land surface, measured on (mo-day-yr)						<u>c</u> .)		
NWNE-X						(WAAS enabled? Yes No)			
Tarkwa-laske		Pump test data: Well water was				☐ Land Survey ☐ Topographic Map			
w E	after hours pumping gpm				1200r	Monline Mapper: Coogle Ecirth Pro			
	Well water was ft.					7)		
SW SE	after hours pumping gpm								
	Estimated Yield: 20gpm 6 Elevation:ft. U Ground L								
S	Bore Hole Diameter:								
mile									
7 WELL WATER TO BE USED AS:									
1. Domestic:			ater Supply: well ID				lease		
Household	6. 🔲	Dewaterin	ig: how many wells?			11. Test Hole: well ID			
Lawn & Garden	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical			
Livestock	8. Monitoring: well ID								
2. Irrigation	9. Environmental Remediation: well ID								
3. Feedlot		Air Sparg	1	Extraction			Discharge 🔲 Inj. of Water		
4. Industrial		Recovery	☐ Injection		13. 🔲 Otl	ner (specify):			
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
Water well disinfected? No									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Canned Welded Threaded									
Casing diameter									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ VC ☐ Other (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
☐ Continuous Slot ☐ Affill 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									
9 GROUT MATERIAL: Neat cement Cement grout Sentonite 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									
Watertight Sewer Lines Seenage Pit Seedward Seenage Coll Well/Gas Well									
Direction from well?									
Direction from well?	<u>50.f+E</u>	tex	Distance from w	ell?		i	ft		
IV TROM	املا	ITHULU	GIC LUG	FROM	TO	LITHO. LOG (cont.)	or PLUGGING INTERVALS		
0 8	Black	T00 S0	M.						
8 13	Tan C								
13 24	- Fine T		nd						
24 28	Coarse			1	1				
28 35	Bed SI			+	 	· · · · · · · · · · · · · · · · · · ·			
		w.	· · · · · · · · · · · · · · · · · · ·		 				
				Notes:					
IVOICS:									
11 CONTRACTORIS OR LANDOWNERS CERTIFICATION TO 11 May 15 To									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **Constructed, **Dreconstructed, or **Dlugged under my jurisdiction and was completed on (mo day year) 2/1/1/20 and this record is true to the best of my knowledge and belief									
under my jurisdiction and was completed on (mo-day-year) 3/34/32 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No									
mander the hyginess name	of C.	ル /マー・・	Color Coll	ater Well Ke	ionatura	ipicica on (inc. day-	200		
Mail 1 white converte	no with a fee of	5 00 for an	ch constructed well to: Vo	nese Danasta	t of Health and	The Carlo	ater, GWTS Section		
under the business name of Cycludis. Well Signature Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Enforment, and each ater, 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/waterweil/index.html KSA 82a-1212 Revised 7/10/2015									