						-10	vised-		
WATER WELL RI	ECORD Form	WWC-5	Divi	sion of Water		Γ	MW7		
Original Record		e in Well Use		irces App. No.		Well ID			
1 LOCATION OF WA County: KINGMAN		Fraction Sw 1/4 sw 1/4 sw 1/4	Sect	ion Number 33	Township Number T 27 S		Number □E ■ W		
2 WELL OWNER: Last Name: First: 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: Address: Address:									
City: KINGMAN State: KS ZIP: 67068									
3 LOCATE WELL	4 DEPTH OF COM	IPLETED WELL:	15ft.	5 Latitude	37.6471	3 (4	ecimal degrees)		
WITH "X" IN SECTION BOX:	Depth(s) Groundwater	Longitue	le: 98.0990	06(d	ecimal degrees)				
N N	2) ft. 3) ft., or 4) \square Dry Well Horizontal Datum: WGS 84 \square NA						☐ NAD 27		
	WELL'S STATIC WATER LEVEL: 7.55 ft. below land surface, measured on (mo-day-yr)3/24/22								
above land surface, measured on (mo-day-yr)					(unit make/model:	Van D Na)		
v	(WAAS enabled? ☐ Yes ☐ No) Land Survey ☐ Topographic Map								
W E					☐ Online Mapper:				
Well water was ft. after hours pumping gpm									
	Estimated Yield: Bore Hole Diameter:	gpm		6 Elevatio	n: 1531.65 ft.	☐ Ground L	evel 🔳 TOC		
S	Source: Land Survey GPS Topographic Map								
mile		in. to	ft.		Other		• • • • • • • • • • • • • • • • • • • •		
7 WELL WATER TO BE USED AS:									
1. Domestic:		ater Supply: well ID		10. [] Oil Fi	eld Water Supply: le	ase			
Lawn & Garden						11. Test Hole: well ID			
Livestock	— · · · · · · · · · · · · · · · · · · ·				12. Geothermal: how many bores?				
2. ☐ Irrigation 9. Environmental Remediation: well ID							1		
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction					b) Open Loop ☐ Surface Discharge ☐ 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?									
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other									
Casing diameter2 in. to15ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or gauge No. SCH 40									
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 .5 ft. to .15 ft., From ft. to ft. to ft.									
GRAVEL PACK INTERVALS: From									
9 CROUT MATERIA	L: Neat cement [Cement grout	entonite 🗖 O	ther Concrete	Surface Complete	tion 0 -1	11.		
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Concrete Surface Completion 0 -1 Grout Intervals: From ft. to ft., From ft.									
Nearest source of possible contamination:									
Septic Tank	Lateral Line			Livestock Pens		ide Storage			
☐ Sewer Lines ☐ Watertight Sewer Lin	☐ Cess Pool es ☐ Seepage Pit	☐ Sewage La ☐ Feedyard		Fuel Storage Fertilizer Storag		oned Water W ll/Gas Well	ell		
	🔲 Seepage 1 ii			remizer Storag	e 🗀 Oli We.	II/Gas Well			
Direction from well? wes	st	Distance from w	/ell? .70		ft.				
10 FROM TO	LITHOLO	GIC LOG	FROM	TO LI	THO. LOG (cont.) or	PLUGGING	INTERVALS		
	CONCRETE								
0.5 15 S	SILTY CLAY								
					-				
									
			Notes:	l		 -			
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) 2/8/22									
Kansas Water Well Contractor's License No. 585. This Water Well Record was completed in (modilay-year) 2/20/22 under the business name of ASSOCIATED ENVIRONMENTAL INC. Signature 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,									
Mail 1 white copy alo	ng with a fee of \$5.00 for ea	ch constructed well to: Ka	nsas Department	of Health and En	vironment, Bureau of W	ater, GWTS Sec	ction,		
1000 SW Jackson St	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.	oov/waterwell/index html		KSA 82a-12	12		Revised 7	/10/2015		

