WATE	R WELL F	RECORD	Form	WWC-5	D	ivision of Wat	er		
Original Record Correction Chan			ge in Well Use	Resour			Well ID Well ID		
1 LOCATION OF WATER WELL:			Fraction	Section Number					
County: Vanada And				"NE" NE	4.521/4	29	T 27 S	R 9 □ E X W	
2 WELI	L OWNER!	ast Name:	1.1.0	First: Michael				(if unknown distance and	
direction from propert torum on intersection). If of oxymen and and all all all all all all all all all al									
Address	10181 .	SW 90 57	-		From H.	44 5d E	NW 17-0 AVE	Nex 72 / Ya adda	
Addition.									
City:	Spiver		State: KS	ZIP: 67/42	NW ITO	me z z	9 Mile EUST	To well	
	TE WELL ' "X" IN	4 DEPTH	OF CON	MPLETED WELL:	-30	ft 5 Tatit	nda.	71 · 11	
		Depth(s) Gi	oundwater	Encountered: 1)	fi	į.		(decimal degrees)	
SECII	SECTION BOX: Depth(s) Groundwater Encountered: 1)					Long	ituae:	(decimal degrees)	
	WELL'S STATIC WATER LEVEL: 16					Horize	ontal Datum: WGS 8	4 □ NAD 83 □ NAD 27	
	below land surface, measured on (mo-day-					Source for Editade Bonghade.			
NW -	NW NE above land surface, measured on (mo-day-					GPS (unit make/model:) (WAAS enabled? Yes No)			
	Pump test data: Well water wa				ft. D Land Survey D Tonographic Man				
w y					Land Barvey				
1 1	Well water v				ft.				
sw-	SE	after	hours	s numning	. gpm				
Estimated Yield			'ield: 5	gpm	61	6 Eleva	6 Elevation:ft. Ground Level TOC		
S Bore Hole Diames			Diameter: .	er: ./0.3/3 in. to ft. and		Source	Source: Land Survey GPS Topographic Map		
	mile	h .	• • •	in. to	ft.		☐ Other	_ 101 1	
7 WELL WATER TO BE USED AS:									
1. Domesti	c:	5.	Public Wa	ter Supply: well ID		10 □ Oi	l Field Water Supply: le	ease	
☐ House		6. 🗀	Dewaterin	g: how many wells?		11. Test F	Hole: well ID		
	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well?								
	Livestock 8. Monitoring: well ID					12. Geothermal: how many bores?			
	Ultrigation 9. Environmental Remediation: well ID						a) Closed Loop Horizontal Vertical		
3. Feedlot Air Sparge Soil Vapor E					Extraction		b) Open Loop Surface Discharge Inj. of Water		
4. 🔲 Indus	trial		Recovery	☐ Injection		13. ☐ Ot	her (specify):	Jenarge Inj. of Water	
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:									
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded									
Casing diameter CASING JOINTS: A Glued Clamped Welded Threaded									
Casing height above land surface in. to									
Casing diameter									
Details of Experience									
Uther (Specify)									
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:									
SCREEN-PERFORATED INTERVALS: From									
GRAVED FACK INTERVALS: From C.S ft From ft to ft From ft to									
1 - STOCK MICHIGANIAN, I INCALCEMENT I COMENT GROUT DE Dontonito I I OAL									
officer intervals. 110111									
The state of possible contamination:									
☐ Septic			ateral Lines			Livestock Per	is 🔲 Insectic	ide Storage	
			ess Pool	Sewage Lag		Fuel Storage	☐ Abando	ned Water Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify)									
Direction from well? 599 Distance from well? 929 ft.									
10 FROM	TO	* 1	THALA	Distance from we			ft.		
0		R	THOLOG	IC LOG	FROM	TO	LITHO. LOG (cont.) or 1	PLUGGING INTERVALS	
		DEN SA	ridy	TSP Soil					
6	15		andly (
25	25	Fine ?	An SK	me					
	75	Fine 1	eed 5	and					
75	80	Red Si	maly o	CIAY					
				7					
			·		Notes:	L			
			-		1			İ	
					1				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION. This water well									
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **Constructed*, or ** plugged under my jurisdiction and was completed on (mo_day-year)									
Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo day-year) This Water Well Record was completed on (mo day-year) 30 -/1. Mail 1 white copy along with a fee of \$5.00 for each constructed well to Kansas Department.									
under the b	usiness name	of Crow	JIS W	Ator Well S	ici weli kec	onatura	pieted on (mo day-yea	# F 50	
			TOT TOT CHOIL	constitucted well to. Italia	as Denai inieni	O I riealin apprile	rymonment was a structural	er (+W/TC Castion	
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Heynonment, Auteur of Water, 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.g	ov/waterwell/in	dex.html]	KSA 82a-12	12	vior your records. Telepho	Revised 7/10/2015	
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