WATER WELL RE		m WWC-5		sion of Water				
Original Record		hange in Well Use		urces App. No.		Well ID		
		Fraction			1 -			
County: Kingn	45W4 2 T 28 S R 8 D E D W							
2 WELL OWNER: Last Name: Dye First: MAX 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: 1690 W. Hwy Sy From Kingman 20 2 west & 3/4 mest								
Address:								
City: Kingman		KS ZIP: 67068	l	<del></del>				
3 LOCATE WELL	LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 140 ft. 5 Latitude:							
SECTION BOX:	Depth(s) Groundw	ater Encountered: 1)	ft.		Longitude:(decimal degrees)			
N SECTION BOX.		t. 3) ft., og 4)			□ WGS 84 □ NAD			
		WATER LEVEL: 3.7.4		Source for Latitude/Longitude:				
	below land su	rface, measured on (mo-day	y-yr) y yr) 1 <b>4 - 30-1</b> 5	- ☐ GPS	•	)		
NW NE	above land surface, measured on (mo-day-y				(WAAS enabled? ☐ `	-		
w	E after hours pumping			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:				
ו ו י אורן	Well water was ft.							
SW SE	after hours numping gpm			6 Flavatic	6 Elevation:ft. ☐ Ground Level ☐ TOC			
	Estimated Yield:			Source: Land Survey GPS Topographic Map				
S   mile	S Bore Hole Diameter: 12.78. in. to				Other			
7 WELL WATER TO BE USED AS:								
1. Domestic: 5. Public Water Supply: well ID								
Household		tering: how many wells?			le: well ID			
☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID			Cased Uncased Geotechnical					
✓ Livestock 8. ☐ Monitoring: well ID					mal: how many bores?			
2. Irrigation 9. Environmental Remediation: well ID								
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Extraction ☐ Recovery ☐ Injection				b) Open Loop Surface Discharge Inj. of Water  13. Other (specify):				
Was a chemical/bacteriological sample submitted to KDHE? ☐ Yes ☒ No If yes, date sample was submitted:								
e Type of Casing I	ISED. Steel N	A DVC D Othor	CASIN	IC IONTS: I	<b>V</b> Clued □ Clamped	□ Wolded □ Threaded		
Cosing diameter 5	in to	f Diameter 5	in to	90ft Diamet	ag Glueu ∐ Claimpeu er 5 in to 1	✓ <b>40</b> ft		
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter fin, Diameter								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
☐ Steel ☐ Stainless Steel ☐ Fiberglass     ☐ 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)								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From								
9 GROUT MATERIAL: Neat cement Cement grout Bentonite 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     □ Feedvard     □ Fertilizer Storage     □ Oil Well/Gas Well								
Other (Specify) Direction from well? Distance from well?								
10 FROM TO		DLOGIC LOG	FROM			PLUGGING INTERVALS		
0 6	Red ClA							
6 20	Fine Tan	Sound						
20 24	FINE SAMO	1 W/9mall gra	ue/					
24 140	Red Shre	12						
						<del></del>		
Notes:								
ļ								
11 CONTDACTOD'S	OR LANDOWN	FR'S CERTIFICATIO	N. This water	r well was 🔽	constructed Trecor	estructed or I plugged		
11 CONTRACTOR'S under my jurisdiction and	OR LANDOWN	ER'S CERTIFICATION (mo-day-vear)	N: This wate	r well was 🔀	constructed, Trecor	nstructed, or  plugged knowledge and belief.		
11 CONTRACTOR'S under my jurisdiction and Kansas Water Well Cont	OR LANDOWN d was completed or	ER'S CERTIFICATION (mo-day-year)	N: This wate	r well was X this record is toord was comp	constructed, Grecon true to the best of my Deteg on proving	nstructed, or plugged knowledge and belief.		
under my jurisdiction and Kansas Water Well Cont under the business name	d was completed or ractor's License N of	on (mo-day-year)	and Vater Well Red	this record is toord was comp	true to the best of my letes on (pro day-ye	knowledge and belief. ar) .//-/3-/5		
under my jurisdiction and Kansas Water Well Contunder the business name	d was completed of ractor's License Nof	ER'S CERTIFICATION (mo-day-year)	Vater Well Recover records. Submit	this record is to cord was comp	true to the best of my letea on (mo day-ye	knowledge and belief. ar)3		