WATER	WELL	RECORD	Form V	WWC-5	Div	ision of Water			
X Origina	al Record	Correction	Chang	e in Well Use	Reso	urces App. No.	To a line Month	Well ID	
1 LOCAT	TION OF V	YATER WEI	LL:	Fraction	Sec	tion Number	Township Numb	P P F Kange Number	
County		ngmar	7	1.50%,50%	A Charles A Day	C/	are well is located	(if unknown distance and	
Z WELL Business	OWNER:	Last Name:	BurNe	First: 73	direction from	rai Address wi	tersection): If at owner	r's address, check here:	
Address: 2773 Sw 80 Ave 5411e3 South TO									
Address: 6 11 Add and VS and 12052 C. Mar Vo and 115 To mall									
LICATE WELL STATE: NJ LIP: 61002 JU 2037, 16 WEST NE TO WAR									
J LOCAT WITH "	E WELL	4 DEPTH	I OF COM	IPLETED WELL:		5 Latitud	e:	(decimal degrees)	
SECTIO	ON BOX:	Depth(s) G	roundwater	Encountered: 1)	ft.	ft. Longitude:(decimal degrees)			
N 2) ft. 3) ft., or 4) $[1]$						Well Horizontal Datum: WGS 84 INAD 83 NAD 27			
	WELL S STATIC WATER LEVEL:					r) 6-5-7 Source for Latitude/Longitude:			
		\square above	land surface.	measured on (mo-day	-yr)	$(WAAS enabled? \Box Yes \Box No)$			
NW	NE	Pump test d	Pump test data: Well water was ft.			\Box Land Survey \Box Topographic Map			
w	E E	after	after hours pumping			pm Online Mapper:			
I SW/	SE		Well water was ft						
	V I	after	after hours pumping			pm 6 Elevation ft. □ Ground Level □ TOC			
		Estimated 1	Estimated Yield:			Source: \Box Land Survey \Box GPS \Box Topographic Map			
1 1	mile	Bore Hole	in to			\square Other			
7 WELL WATER TO BE USED AS:									
1. Domestic	:	5.] Public Wa	ter Supply: well ID		10. 🗖 Oil I	ield Water Supply: le	ease	
House	Household 6. Dewatering: how many wells?					11. Test Hole: well ID			
Lawn	Lawn & Garden 7. Aquifer Recharge: well ID					Case	d 🗌 Uncased 🔲 🤅	Geotechnical	
Livest	Livestock 8. Monitoring: well ID						mal: how many bores	s?	
2. Irrigation 9. Environmental Remediation: well ID.					D	a) Clos	ed Loop 📋 Horizont	al Uvertical	
AIT Sparge ∐ Soil Vapor Ex A □ Industrial □ Recovery □ Injustion					Extraction	b) Open Loop \Box Surface Discharge \Box Inj. of water			
Weter well disinfected? My Kan Complexities to KDHE? I Yes KINO If yes, date sample was submitted:									
o IIFE OF CASING USED: Steel PVC Other CASING JUINTS: A Glued Clamped Weided Threaded									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
□ Steel □ Stainless Steel □ Fiberglass									
Brass Galvanized Steel Concrete tile None used (open hole)									
SCREEN OR PERFORATION OPENINGS ARE:									
□ Continuous Slot ☐ Gauze Wrapped □ Torch Cut □ Drilled Holes □ Other (Specify)									
Louvered Snutter L Key Punched L Wire Wrapped Saw Cut L None (Open Hole)									
GRAVEL PACK INTERVALS. From $\mathcal{B}\mathcal{Q}$ \mathcal{A} to $\mathcal{L}\mathcal{L}$ \mathcal{A} \mathcal{L} \mathcal{A} A									
9 GROUT MATERIAL: Deat coment arout Demonstration Defension Defension of the state									
Grout Intervals: From									
Nearest source of possible contamination:									
□ Septic Tank □ Lateral Lines □ Pit Privy □ Livestock Pens □ Insecticide Storage									
□ Sewar Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well									
U Watertight Sewer Lines Seepage Pit Feedyard Fertilizer Storage Oil Well/Gas Well									
Direction from well? 999 Distance from well? 999									
10 FROM	ТО	1	LITHOLOG	GIC LOG	FROM	TO	THO. LOG (cont.) or	PLUGGING INTERVALS	
Ø	10	Brn S	mande	CIAY					
10	25	White	CIM				······································		
25	30	Brnc	lac					· · · · · · · · · · · · · · · · · · ·	
30	50	FME	The	Same					
50	65	White	CLAR						
65	80	File	7 Am 5	and					
80 CER Red Shale Not					Notes:				
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, I reconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year)									
under the business name of									
under mein	10.51110.555 117.15								
Mail	1 white copy a	ong with a fee of	\$5.00 for eac	h constructed well to: Ka	nsas Department	of Health and En	vironment, Bureau of w	ater, GWTS Section,	
Mail 1000	1 white copy a 0 SW Jackson S	ong with a fee of St., Suite 420, To	\$5.00 for <u>eac</u> peka, Kansas	h constructed well to: Ka 66612-1367. Mail one to	nsas Department Water Well Own	of Health and En	vironment, Bureau of w for your records. Teleph	ater, GWTS Section, none 785-296-5524.	