| WATER WELL R | ECORD Form | WWC-5 | Divis | ion of Water | | | |
|--|--|--|---|---|---|---------------------------|--|
| Original Record | | ge in Well Use | Resou | rces App. No. | | Well ID | |
| 1 LOCATION OF WATER WELL: Fraction | | Secti | Section Number Township Number Range Number | | | | |
| County: Kingman 1/4 NW/4 NW/4 NW/4 NW/4 Street or Rural Address where well is located (if direction from nearest town or intersection): If at owner's | | | | | | R q □ E D ŧW | |
| 2 WELL OWNER! La | ast Name: | First: Lowell S | Street or Rura | l Address wh | ere well is located | (if unknown, distance and | |
| Business: direction from nearest town or intersection): If at owner's address, check here: | | | | | | | |
| Address: 12963 & US they 54 west | | | | | | | |
| | hom State: K | 5 ZIP: /_703C | | | | | |
| 3 LOCATE WELL | | MPLETED WELL: | 40 0 | | | | |
| WITH "X" IN | 1 | | | | | (decimal degrees) | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | | |
| N | WELL'S STATIC WATER LEVEL: 19 ft. Source for Latitude/Longitude: | | | | | | |
| X | below land surface, measured on (mo-day-yr) 2-6-2221 GPS (unit make/model: | | | | | | |
| NWNE | above land surface, measured on (mo-day-yr) | | | (WAAS enabled? ☐ Yes ☐ No) | | | |
| | Pump test data: Well water was ft. | | | ☐ Land Survey ☐ Topographic Map | | | |
| W | after hours pumping | | | ☐ Online Mapper: | | | |
| SW SE | Well water was ft. after hours pumping gpm | | | | | | |
| 1 1 1 1 1 | TO 25 1 1 1 2 2 1 1 2 2 2 2 2 2 2 2 2 2 2 | | | 6 Elevation:ft. 🗌 Ground Level 🔲 TOC | | | |
| S | Bore Hole Diameter: 10.78 in. to | | | Source: Land Survey GPS Topographic Map | | | |
| mile | <u> </u> | in. to ft. | | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | |
| 1. Domestic: | | ater Supply: well ID | | | | ase | |
| M.Household | 6. Dewatering: how many wells? | | | 11. Test Hole: well ID | | | |
| ☐ Lawn & Garden ☐ Livestock | 7. Aquifer Recharge: well ID | | | ☐ Cased ☐ Uncased ☐ Geotechnical 12. Geothermal: how many bores? | | | |
| 2. Irrigation | 8. Monitoring: well ID | | | | | | |
| 3. Feedlot | ☐ Air Sparge ☐ Soil Vapor Extraction | | | | b) Open Loop Surface Discharge Inj. of Water | | |
| 4. 🔲 Industrial | ☐ Recover | | | | | | |
| 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 diameter | | | | | | | |
| Casing height above land surface | | | | | | | |
| 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 | | | | | | | |
| □ Louvered Shutter □ Key Punched □ Wire Wrapped □ Saw Cut □ None (Open Hole) | | | | | | | |
| SCREEN-PERFORATED INTERVALS: From 20 ft. to 40 ft., From ft. to ft., From ft. to ft. | | | | | | | |
| GRAVEL PACK INTERVALS: From 40 ft. to 15 ft., From ft. to ft., From ft., From ft., From ft. | | | | | | | |
| 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 | | | | | | | |
| ☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well | | | | | | | |
| | | | | | | | |
| ☐ Other (Specify) Direction from well? | | | | | | | |
| 10 FROM TO | | GIC LOG | FROM | | | PLUGGING INTERVALS | |
| 0 5 | DACK Brn | SAND | | | | | |
| 5 20 | Fine TAM | Sand | | | | | |
| 20 25 | Red Clay | | | | | | |
| 25 35 | Red Somo | ! | | | | | |
| 35 45 | Red Clay | | | | | | |
| | | | <u> </u> | | | | |
| | | ······································ | Notes: | | | | |
| | | | | | | | |
| 11. CONTROL CROPIC OR A LANDON MARIE DE CONTROL DE CONT | | | | | | | |
| 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) .2-2.2.1. and this record is true to the best of my knowledge and belief. | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | |
| under the business name of Crawd: 3 Water well Signature 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, | | | | | | | |
| 1000 SW Jackson St | t., Suite 420, Topeka, Kansa | as 66612-1367. Mail one to V | Vater Well Owne | r and retain one | | one 785-296-5524. | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 8 | | | KSA 82a-121 | 2 | | Revised 7/10/2015 | |