WATER WELL RECORD Form WWC-5 Division of Water										
	l Record				ources App. No.		Well ID	NT 1		
		ATER WELL:	Fraction	Section Number   Township Number   Range   T 29 S   R 13 [			nge Number <b>3</b> □ E <b>X</b> W			
2 WELL OWNER: Last Name: 5 Kiles First: David Street or Rural Address where well is located (if unknown, distance and direction from pearest town or intersection): If at owner's address, check here:										
Address: 90151 SE 30Th 100 N. of Sawyer on 281 hwy TO SE 90Th The										
Address: A Company of the Address:										
	3 LOCATE WELL' 4 DEPTH OF COMPLETED WELL:					ft. 5 Latitude:(decimal degrees)				
	SECTION BOX. Depth(s) Groundwater Encountered: 1)									
	2) ft. 3) ft., or 4) \( \subseteq \text{D} \) \(\text{WELL'S STATIC WATER LEVEL: \( \mathbf{S} \).									
						e for Latitude/Lor				
\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	NE	above land surface	above land surface, measured on (mo-day-yr)				odel: led?			
NW	NE	Pump test data: Well v	np test data: Well water was ft.			☐ Land Survey ☐ Topographic Map				
			s pumping	Online Mapper:						
sw	SE	1	Well water was ft.  ter hours pumping gpr							
	1	Estimated Vield:	gpm	6 Elevation:ft. ☐ Ground Level ☐ TOC						
	S	Estimated Yield: Bore Hole Diameter:	. ft. and	ft. and Source: Land Survey GPS Topographic Map						
1	nile		ft.	ft. Other						
7 WELL WATER TO BE USED AS:										
1. Domestic: 5. Public Water Supply: well ID										
	☐ Household 6. ☐ Dewatering: how many wells?									
	Lawn & Garden 7. Aquifer Recharge: well ID						d Geotechnica			
	Livestock 8. Monitoring: well ID									
3. ☐ Feedlot ☐ Air Sparge ☐ Soil Vapor Ex						b) Open Loop  Surface Discharge  Inj. of Water				
4. 🔲 Indust	rial	☐ Recovery	☐ Injection							
Was a chemical/bacteriological sample submitted to KDHE?   Yes No If yes, date sample was submitted:										
Water well disinfected? <b>¼</b> Yes □ No										
8 TYPE C	F CASING	ÚSED: ☐ Steel X PV	C Other	CASI	NG JOINTS	S: 🛛 Glued 🔲 C	lamped  Welde	d  Threaded		
8 TYPE OF CASING USED: Steel PVC Other										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel Stainless Steel Fiberglass PVC Other (Specify)										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
SCREEN OR PERFORATION OPENINGS ARE:										
	nuous Slot			ch Cut 🔲 🛭	Orilled Holes	☐ Other (Speci	ify)			
☐ Louve	ered Shutter	☐ Key Punched ☐ W	/ire Wrapped	v Cut 🔲 N	lone (Open I	Hole)				
SCREEN-PERFORATED INTERVALS: From								ft.		
GRAVEL PACK INTERVALS: From 180 ft. to ft., From ft., From ft., From ft.										
9 GROUT MATERIAL: Neat cement Cement grout Sentonite Other  Grout Intervals: From										
l		e contamination:	II., From I	τ. το	π., From	п. то	π.			
☐ Septic		Lateral Line	es 🔲 Pit Privy		Livestock Po	ens 🔲	Insecticide Storage	ı		
☐ Sewer		Cess Pool		☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well						
	ight Sewer Lir		☐ Feedyard		Fertilizer St	orage $\square$	Oil Well/Gas Well			
	(Specify)	999 will	Distance from we	99	9		Δ			
Direction from 10 FROM	om well?	LITHOLO	Distance from we	FROM	TO	LITHO LOG(c	ont.) or PLUGGIN	GINTEDVALE		
10 FROM	5	White CLAY		120	170	Fine S		O INTERVALS		
2	20		and	170	185	TAN C				
20	30	TAM CLAY	yre	,,,,	163	JAN CI	7			
5 20 30	3.5	Fixe Sano	<u>'</u>							
35	65	TAN CLAY								
65	75	Fine Sand								
75	80	Small gravel Notes:								
80	BO 110 Fine Sand									
110 120 Small Sand Clarge Rocks										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year) 6										
under my j	urisdiction at	nd was completed on (natractor's License No	no-day-year)	ter Well Da	this record	is true to the bes	of my knowled	ge and belief.		
under the h	usiness name	e of . Rowdis.		U. SUK	ora was co	The office of th	Lu D	g F <del>VII.</del>		
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along writt one (white) copy to Kansas										
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy to your tectures. Submitted or 15.380 for each constituted well along with one (white) copy to Ransas Denartment of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420. Toneka, Kansas 66612-1367. Telephone (788) 296-3565.										

KSA 82a-1212

Revised 9/10/2012

Visit us at http://www.kdheks.gov/waterwell/index.html