WATER	WELL R	ECORD	Form	WWC-	5	D	ivision of Water	r			
		Correction		ge in Well	Use		sources App. N		Well ID_		
		ATER WE	LL:	Fraction			ection Number		1	nge Number	
County	" Kiou	JA		45	E 14 SE 14	5 W/4 _	10	T 29 S		7 □ E X W	
2 WELL	OWNER: L	ast Name:		First:		Street or R	ural Address v	where well is located	1 (if unknown	, distance and	
Business: Legendary Lands LLC direction from nearest town or intersection): If at owner's address, check here:											
Address: P.O. Box 130 From Haviland 4 mixes South TO MST. WEST Address: P.O. Box 130 3/2 SwTh 1/2 well is was Now of House											
			State: M	41 7m. 4	5-70	3½ Sw	Th 1/2	well is we	T NEW O	t House	
3 LOCAT	ST. Fran					117		rest side of	76-2		
WITH "		4 DEPTI	H OF CO	MPLETE	D WELL:		ft. 5 Latitu	de:		.(decimal degrees)	
l .	N BOX:				red: 1)		Longi	tude:		.(decimal degrees)	
I	2)						Horizo	ntal Datum: WGS	84 🗌 NAD	83 NAD 27	
 		WELL'S S	STATIC WA	TER LEV	EL: 5	ft.	Source	Source for Latitude/Longitude:			
	'	below	below land surface, measured on (mo-day-yr).					PS (unit make/model:			
NW	NE	above land surface, measured on (mo-day-yr). Pump test data: Well water was					I	,			
		after hours pumpinggp						☐ Land Survey ☐ Topographic Map ☐ Online Mapper:			
W	E	Well water was ft.									
SW	SE	after hours pumping gpm									
		Estimated Yield: gnm					6 Elevation:ft. Ground Level TOC				
	S	Bore Hole	Bore Hole Diameter: 10.5/2 in. to				Source	Source: Land Survey GPS Topographic Map			
1 r	nile			it	n. to	ft.		☐ Other			
7 WELL WATER TO BE USED AS:											
1. Domestic		5. [☐ Public W	ater Suppl	y: well ID		. 10. 🗖 Oil	Field Water Supply:			
☐ House		6. [☐ Dewateri	ng: how n	nany wells?		. 11. Test F	lole: well ID		1	
1	☐ Lawn & Garden 7. ☐ Aquifer Recharge: well ID						Cased Uncased Geotechnical				
	Livestock 8. Monitoring: well ID							ermal: how many bor			
	2. Irrigation 9. Environmental Remediation: well ID							a) Closed Loop ☐ Horizontal ☐ Vertical b) Open Loop ☐ Surface Discharge ☐ Inj. of Water			
3. Feedlo			Air Sparg		Soil Vapor	Extraction	b) Op	en Loop Surface I	Jischarge [Jinj. of water	
4. Industrial Recovery Injection 13. Other (specify):											
Was a chemical/bacteriological sample submitted to KDHE? Yes Yes No If yes, date sample was submitted:											
Water well disinfected? ▼ Yes □ No											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded											
Casing diameter 5 in. to 77 ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 18											
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 Mill Slot Gauze Wrapped Torch Cut Drilled Holes Other (Specify)											
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other											
Grout Intervals: From											
Septic			Lateral Lin	00	☐ Pit Privy	г	☐ Livestock Pe	no 🗇 Inggo	ticide Storag	e e	
Sewer			Cess Pool			_					
☐ Sewer Lines ☐ Cess Pool ☐ Sewage Lagoon ☐ Fuel Storage ☐ Abandoned Water Well ☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
	Specify)										
Direction fro		999			stance from w	ell? 7.2	79				
10 FROM	TO		LITHOLO	GIC LOC	G	FROM		LITHO. LOG (cont.)	or PLUGGIN	IG INTERVALS	
0	5	TAn 9	ravel.	5 mad	Topgo						
5	20	med.	SAND /	grave	_1						
20	70		TAN 5	and							
70	80	med :									
30	105	Fine		,		_					
105	117	Vella	- 1								
		1		<i>-</i>		Notes:					
						7					
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)											
under my i	urisdiction a	nd was com	oleted on (ng-day-v	ear) .//-4	-19 an	d this record i	s true to the best of	my knowled	ige and belief.	
Kansas Wa	iter Well Co	ntractor's Lie	cense No.	672	This W	ater Well R	ecord was cor	npleted on (mo-day-	year . Y.	-8-17	
under the b	usiness nam	e of . C/a	wdis 1	USTER	- well s	UR.	Signature	100 111111	///XX		
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health Environment, Bute Vater, 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.											
				s 66612-136	67. Mail one to			ne for your records. Tele			
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015										a //10/2015	