| WATER WELL RECORD Form WWC-5 | | | | Division of Water Resources App. No. Well ID | | | | | | | |
|--|---|--|------------------------|--|--------------------------------|------------------------------------|--------------------|-----------|---------------|--|--|
| Original Record Correction Change in Well Use 1 LOCATION OF WATER WELL: Fraction | | | | | Section Number Township Number | | | | ge Number | | |
| County: 14 / E4 5 E1/2 | | | | 5E¼ 36 T 29 S R29 □ E DEW | | | | | | | |
| 2 WELL OWNER: Law Name: Rusk and First: Acut Street or Rural | | | | | | | re well is located | | | | |
| Business: direction from nearest town or intersection): If at owner's address, check here | | | | | | | | | check here: 🗌 | | |
| Address: Address: City State: 71P: 7Miles South of Monte zung | | | | | | | | | | | |
| Address: | | State: | ZIP: | 7m:1 | 25) 00 | rH | a of Mon | i rezu | mg | | |
| City: 3 LOCATE WELL | | | PLETED WELL: | 717 | | | | | | | |
| WITH "X" IN | 4 DEPTH | 5 Latitude:(decimal degrees) | | | | | | | | | |
| SECTION BOX: | Depth(s) Groundwater Encountered: 1) | | | | | Longitude: | | | | | |
| N | 2) ft. 3) ft., or 4) \(\int \) Dry Well WELL'S STATIC WATER LEVEL: ft. | | | | | Source for Latitude/Longitude: | | | | | |
| | □ below la | | GPS (unit make/model:) | | | | | | | | |
| NW NE | above la | (WAAS enabled? ☐ Yes ☐ No) | | | | | | | | | |
| | Pump test da | ☐ Land Survey ☐ Topographic Map | | | | | | | | | |
| W E | after | after hours pumping gpm Well water was ft. | | | | | ☐ Online Mapper: | | | | |
| SW SE | after | | | | | | | | | | |
| 1 | Estimated Y | 6 Elevation:ft. Ground Level TOC | | | | | | | | | |
| S | Bore Hole I | Source: | | | | | | | | | |
| 1 mile | | in. to ft. | | | | | ☐ Other | | | | |
| 7 WELL WATER TO BE USED AS: | | | | | | | | | | | |
| 1. Domestic: | 5. Public Water Supply: well ID | | | | | 10. Oil Field Water Supply: lease | | | | | |
| ☐ Household☐ Lawn & Garden | 6. Dewatering: how many wells? | | | | | ☐ Cased ☐ Uncased ☐ Geotechnical | | | | | |
| Livestock | | 8. Monitoring: well ID | | | | 12. Geothermal: how many bores? | | | | | |
| 2. Trrigation | 9. Environmental Remediation: well ID | | | | | a) Closed Loop | | | | | |
| 3. ☐ Feedlot | | b) Open Loop Surface Discharge Inj. of Water | | | | | | | | | |
| 4. Industrial Recovery Injection 13. Other (specify): | | | | | | | | | | | |
| Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted: | | | | | | | | | | | |
| Water well disinfected? Yes No | | | | | | | | | | | |
| 8 TYPE OF CASING USED: Steel PVC Other | | | | | | | | | | | |
| Casing diameter | | | | | | | | | | | |
| 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 ft. to ft., From ft., From ft. | | | | | | | | | | | |
| 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 | | | | | | | | | | |
| □ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well | | | | | | | | | | | |
| The state of the s | | | | | | | | | | | |
| Direction from well? Distance from well? ft. | | | | | | | | | | | |
| 10 FROM TO | | LITHOLOG | IC LOG | FROM | TO | LIT | HO. LOG (cont.) o | r PLUGGIN | G INTERVALS | | |
| 0 3 | Tossoi | 1 , . | | | | | - G. Y D Y S | | | | |
| 3 20 | white | Caliche | Chy | 295 | 305 | Ç | 164 | | | | |
| 20 77 | Sandy | Clayy | Kho Sand | 305 | 711 | 4 | rllow Clay | -Har | <u> </u> | | |
| 77 95 | | and | 10 1 | | | | | | | | |
| 95 204 | FINE! | Med | Jand of | | | | | | | | |
| 2-1/ 3/0 | D. h. | p (ay | . 7 | Notes: | | | | | | | |
| 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | | | | | | | | | |
| | | | | | | | | | | | |
| 11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was A constructed, a reconstructed, or plugged | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| Kansas Water Well Contractor's License No | | | | | | | | | | | |
| | | | | | | | | | | | |
| 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 with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565. | | | | | | | | | | | |
| Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 9/10/2012 | | | | | | | | | | | |

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