WATER WELL RECORD Form WWC-5 Division of Water							
	Change in Well Use		irces App. No.		Well ID		
1 LOCATION OF WATER WEI			ion Number	Township Number			
County: Kingman	14 NW 14 5W 14.	301/4	22	T 29 S	R & □E XW		
2 WELL OWNER: Last Name: Auderson First: Larry Street or Rural Address where well is located (if unknown, distance and							
Business: Address: 4000 Sw 40 Ave.  direction from nearest town or intersection): If at owner's address, check here:  From Spivey 1/2 west 75 Sw 30 Ave 7her 4 miles							
Address:	~E.				57 70 Sw 40 Am		
City: Spivey	State: K5 ZIP: 67142	Sy acite	North	BAST TO K	ull		
3 LOCATE WELL A DEPTH	OF COMPLETED WELL:		1	•	(decimal degrees)		
Donth(a) G	oundwater Encountered: 1)				(decimal degrees)		
	ft. 3) ft., or 4) 🗆				□ NAD 83 □ NAD 27		
WELL'S STATIC WATER LEVEL: ft.   Source for Latitude/Longitude:							
□ below land surface, measured on (mo-day-yr)□ GPS (unit make/model:							
	above land surface, measured on (mo-day-yr) 2:16:18			(WAAS enabled? ☐ Yes ☐ No)			
				☐ Land Survey ☐ Topographic Map			
	Well water was ft.						
SWSE after	W SE after hours pumping gpm						
	Estimated Yield:						
S Bore Hole I	Diameter: 1.2. 1/8. in. to 65	. ft. and					
1 mile  in. to It.							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID							
	Public Water Supply: well ID Dewatering: how many wells?			eld Water Supply: leas			
	Aquifer Recharge: well ID			☐ Uncased ☐ Ge			
_ <del>_</del> _	Monitoring: well ID			nal: how many bores?			
	nvironmental Remediation: well ID			d Loop 🔲 Horizontal			
_	Air Sparge	xtraction			harge 🔲 Inj. of Water		
4. Industrial	Recovery Injection		13. U 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							
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)       ☐ 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 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							
Nearest source of possible contamination:   Septic Tank							
	Cess Pool	_	Fuel Storage		ed Water Well		
□ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well							
Other (Specify) Direction from well?  Distance from well?							
		,		ft.			
	ITHOLOGIC LOG	FROM	TO LI	THO. LOG (cont.) or P	LUGGING INTERVALS		
0 5 Sandy	Top Soil						
	Tan Sand						
15 25 Red 5	hale Hard Drilling						
25 45 Red 0		-					
45 60 Red 5							
60 65 Hard 8	Red & grown Shale	Notes: -					
Notes: CRACK 2 25 FT.							
		1					
	11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, $\Box$ reconstructed, or $\Box$ plugged						
11 CONTRACTOR'S OR LANDO	JUNER S CERTIFICATION.	under my jurisdiction and was completed on (mo-day-year)					
under my jurisdiction and was comp	leted on (mo-day-year)	<b>-78</b> and th	his record is tr	ue to the best of my	knowledge and belief.		
under my jurisdiction and was comp Kansas Water Well Contractor's Lic	leted on (mo-day-year)	er Well Reco	ord was compl	eted on (mo day-yea	knowledge and belief. r) <b>1.7.2-27-13</b>		
under my jurisdiction and was comp Kansas Water Well Contractor's Lic under the business name of .	leted on (mo-day-year)	er Well Reco	ord was comple nature	eted on (mo day-yea	r) /2-27-13		
under my jurisdiction and was comp Kansas Water Well Contractor's Lic under the business name of . Crown Mail 1 white copy along with a fee of	leted on (mo-day-year)	er Well Reco	ord was completed the mature of Health approximation	eted on (mo day-yea	r) 2-27-/3 rr, GWIS Sestion,		