WATER WELL RECORD Form WWC-5 Division of Water											
Original Record	Correction	ge in Well Use		urces App. No.		Well ID					
1 LOCATION OF W		Fraction		tion Number	Township Numb						
County: Krieman		YNE YNEY	= 1/4 NE 1/4 24		T 29 S	R 9 □E MXW					
2 WELL OWNER: 1	ast Name: OSNEr	First: Jason	Street or Rur	al Address wh	ere well is located	(if unknown, distance and					
Business:	_	U	direction from n	earest town or int	ersection): If at owner	's address, check here:					
Address: 2503 Nw 170 Ave Address: City: Come me have State: NS ZIP: 67035 To PASTURE GAR on South Side 90 600 AFFT Sw											
	ham State: K	S ZIP: 67035	TO PASTW	e gan m	South Side	go 600 MT SW					
3 LOCATE WELL		-	۵,								
WITH "X" IN	4 DEPTH OF COMPLETED WELL: 6. ft. 5 Latitude:										
SECTION BOX:	Depth(s) Groundwater Encountered: 1)			Longitude:(decimal degrees)							
N	2) ft. 3) ft., or 4) \(\subseteq \text{Dry W} \) WELL'S STATIC WATER LEVEL: ft.			Horizontal Datum: WGS 84 NAD 83 NAD 27							
	below land surface, measured on (mo-day-yr).			Source for Latitude/Longitude:							
NWNE	above land surface	e, measured on (mo-day	measured on (mo-day-yr)		GPS (unit make/model:) (WAAS enabled?						
NW NE	ı	-									
	after hours pumping gpm			Online Mapper:							
	Well			10 1.1app							
SW SE	after hours pumping					□ C					
	Estimated Yield:			6 Elevation:ft. Ground Level TOC							
S			_	Source: And Survey GPS Topographic Map							
mile in. to											
1. Domestic:		Inter Cumples II ID		10 🗆 🔾	old Water County 1						
☐ Household		ater Supply: well ID				ase					
Lawn & Garden					11. Test Hole: well ID						
Livestock	8. Monitoring: well ID				12. Geothermal: how many bores?						
2. Irrigation	9. Environmental Remediation: well ID										
3. Feedlot		ge 🔲 Soil Vapor				scharge Inj. of Water					
4. Industrial		☐ Injection									
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:											
Water well disinfected? X 1 Yes \(\subseteq \) No											
8 TYPE OF CASING USED: Steel PVC Other CASING IOINTS: M Glued Clamped Welded Threaded											
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL:											
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ Cher (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 ft. to 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											
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well											
Other (Specify)											
Direction from well?					ft.						
10 FROM TO	LITHOLO		FROM	TO LI	THO. LOG (cont.) or	PLUGGING INTERVALS					
0 5	BRN SANd	Top Soil									
5 /5	Great Clay										
15 80	Ked Shale										
		14.									
	Notes:										
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, \Box reconstructed, or \Box plugged											
under and its	OK LANDOWNER	, , , , , , ,			under my jurisdiction and was completed on (mo-day-year)						
under my jurisdiction as	nd was completed on (i	no-day-year) 🖊 🏖 🕻 🗸	A and t	his record is to	ue to the best of my	y knowledge and belief.					
under my jurisdiction as Kansas Water Well Con	nd was completed on (i stractor's License No.	no-day-year) /. 2 This W	ater Well Reco	ord was compl	eted on (mo-day-ye	y knowledge and belief.					
under my jurisdiction as Kansas Water Well Con under the business name	nd was completed on (intractor's License No	no-day-year) /. 2:.2 . G.7.Z This W. WALL WELLS	ater Well Reco	ord was complemature	etod on (mo-day-ye	24 /-/8-/7					
under my jurisdiction at Kansas Water Well Con under the business name Mail White copy ale	nd was completed on (i stractor's License No.	no-day-year) / 2 . 2 G 7 . This W Water well s ch constructed well to: Ka	ater Well Reconstruction Signs Department	ord was complemature	etod on (mo-day-ye ironmen, wreat of wa	eath					