WATER WELL RECORD Form WWC-5				vision of Water			
Original Record				ources App. No.		Well ID	
i LOCATION OF W	ATER WELL:	Fraction	I. Se	ction Number	Township Number		
County: Bar	ber	YAVE YANW YA	NE 1/4	/3	T 30 S	R 14 □ E XW	
2 WELL OWNER: Last Name: Lenkwer First: ED Street or Rural Address where well is located (if unknown, distance and							
Business: Address: /200/ NW ELM Mills Rd. direction from nearest town or intersection): If at owner's address, check here: 7 miles South of Conts Est. West							
Address:			mile	30014	A COM I P	~ . wes/	
City: COATS	State: K	5 ZIP: 67028	To A	touse Fo	t well-		
3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 50 ft. 5 Latitude:							
WITH "X" IN							
SECTION BOX:	110N BOX: 2) ft., or 4) 1			Dry Well Horizontal Datum: WGS 84 NAD 83 NAD 27			
	WELL'S STATIC WATER LEVEL: ft. Source for Latitude/Longitude:						
	below land surface, measured on (mo-day-yr). 8-11-20				GPS (unit make/model:)		
NWNE	☐ above land surface	yr)	······ (WAAS enabled? ☐ Yes ☐ No)				
	Pump test data: Well v			☐ Land Survey ☐ Topographic Map			
W	after hours pumping gpm Well water was ft.			☐ Onli	☐ Online Mapper:		
SW SE	after hours pumping gpm						
	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC		
S	Dolo Hote Diameter,			Source:			
1 mile in. to ft. Uniter							
7 WELL WATER TO BE USED AS:							
1. Domestic:		ater Supply: well ID				se	
Lawn & Garden	6. ☐ Dewaterir		11. Test Hole: well ID				
Livestock	7. ☐ Aquifer Recharge: well ID			12. Geothermal: how many bores?			
2. Irrigation	9. Environmental Remediation: well ID			a) Closed Loop Horizontal Vertical			
3. Feedlot							
4. 🗌 Industrial	☐ Recovery	☐ Injection					
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:							
Water well disinfected? MY Ves CD No.							
8 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded							
Casing diameter							
Casing neight above land surface							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)							
SCREEN OR PERFORATION OPENINGS ARE:							
☐ Continuous Slot							
☐ Louvered Shutter ☐ Key Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From 50							
9 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ▶ Bentonite ☐ Other							
Grout Intervals: From ft. to ft. From ft. to ft. From ft. to ft.							
Nearest source of possible contamination:							
☐ Septic Tank ☐ Sewer Lines	☐ Lateral Line ☐ Cess Pool		_	Livestock Pens	☐ Insecticid		
Usewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well							
Direction from well? Distance from well? 199 ft.							
10 FROM TO	LITHOLOG	GIC LOG	FROM	TO LI	THO. LOG (cont.) or P	LUGGING INTERVALS	
0 10	TAN SAND	TOP Soil					
10 18	Black Clay						
18 45	Course Sono	/Grave 1					
45 50	TAN CLAY						
	Notes:						
11 CONTRACTORIS OR LANDOW/NEDIS CERTIFICATION. TILL 1							
under my jurisdiction and was completed on (mo decrease) 8 -//-2 2 20 d this majority to the form through the first of my limited and the my limited and							
Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo-day-year) 7-70-2020							
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). It is water well was a completed on (mo-day-year). It is water well was completed on (mo-day-year). It is water well Record was completed on (mo-day-year). This water well Record was completed on (mo-day-year). This water well record was completed on (mo-day-year). This water well was completed on (mo-day-year). This water well was a constructed, reconstructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year). Signature well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year).							
Wall I white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Angelian and Ang							
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.							
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015							