	WATER WELL RECORD Form WWC-5				Division of Water Resources App. No. Well ID					
	Original Record Correction Change in Well Use LOCATION OF WATER WELL: Fraction				ction Numb		·····			
Count	County: Koncurson 1/2 Sert/2 Sert/4 Sert/4 Sert/4						T 30 S			
Address: 715 S. MAIN ST. South on S. Main ST South on Address:										
City:	Noru	ich	State: KS	ZIP: 67113	KA:150m	e Trac	105 à West	To well		
3 LOCAT		4 DEPTH	I OF COMP	LETED WELL:				(decimal degrees)		
	WITH A IN Death(a) Crown dwater Encountered (1)							(decimal degrees)		
1	SECTION BOX: 2) ft. 3) ft., or 4) \Box					y Well Horizontal Datum: WGS 84 I NAD 83 NAD 27				
	WELL'S STATIC WATER LEVEL:									
	Image: NWNE Image: Second stress of the second stres tress of the second stress									
NW				er was		1	(WAAS enabled? ☐ Yes ☐ No) ☐ Land Survey ☐ Topographic Map			
w				umping						
sw	SE		Well water was ft.					·		
	after hours pumping Estimated Yield:					6 Elevation :ft. 🔲 Ground Level 🔲 TOC				
L	S	Bore Hole I	Bore Hole Diameter: 10. 28. in. to 100			Source: 🗌 Land Survey 🔲 GPS 🔲 Topographic Map				
1	mile		in. to			□ Other				
7 WELL WATER TO BE USED AS:										
	1. Domestic: 5. Dublic Water Supply: well ID									
	Household 6. Dewatering: how many wells? Lawn & Garden 7. Aquifer Recharge: well ID					11. Test Hole: well ID				
	□ Livestock 8. □ Monitoring: well ID									
2. Irrigation 9. Environmental Remediation: well ID						a) Closed Loop 🔲 Horizontal 🗌 Vertical				
3. Eredlot Air Sparge Soil Vapor E: 4. Industrial Recovery Injection					Extraction	b) Open Loop 🔲 Surface Discharge 🔲 Inj. of Water				
Was a chemical/bacteriological sample submitted to KDHE? 🗌 Yes 💢 No If yes, date sample was submitted:										
8 TYPE OF CASING USED: Seel 2 PVC Other CASING JOINTS: 2 Glued Clamped Welded Threaded										
Casing diameter										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
□ Steel □ Stainless Steel □ Fiberglass										
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 70 ft. to 70 ft. to ft. to ft. from ft. to										
9 GROUT MATERIAL: Deat 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										
Direction from well?										
10 FROM	TO	L	THOLOGIC	LUG	FROM	TO	LITHO. LOG (cont.) or	r PLUGGING INTERVALS		
5	5	DIN a		my Top Soil	<u> </u>		·····			
60	60 70	Ton	Ton 50 Class	<u>~</u>			· · · · · · · · · · · · · · · · · · ·	<u></u>		
70	100	Fine	Then -	and						
100	101	Red.								
						Notes:				
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)										
Kansas Water Well Contractor's License No. 672 This Water Well Record was completed on (mo-day-year)										
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along well to: Kansas Department of Health and Copy along well to the fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along well to the fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along well to the fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along well to the fee of \$5.00 for each constructed well to: Kansas Department of Health and Copy along well to the fee of \$5.00 for each constructed well to the fee of \$5.00 for each constructed well to the fee of \$5.00 for each constructed well to the fee of \$5.00 for each constructed well to the fee of \$5.00 for each constructed well to the fee of \$5.00 for each constructed										
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.kdhcks	.gov/waterwell/i	ndex.html		KSA 82a-12	12		Revised 7/10/2015		