

WATER WELL RECORD Form WWC-5 KSA 82a-1212

1 LOCATION OF WATER WELL:		Fraction		Section Number		Township Number		Range Number																																											
County: <u>Sumner</u>		<u>SW 1/4 SE 1/4 NW 1/4</u>		<u>14</u>		<u>T 32 S</u>		<u>R 1 E</u>																																											
Distance and direction from nearest town or city street address of well if located within city?																																																			
<u>323 North Washington, Wellington, KS</u>																																																			
2 WATER WELL OWNER:																																																			
RR#, St. Address, Box #: <u>323 North Washington</u>																																																			
City, State, ZIP Code: <u>Wellington, KS 67152</u>																																																			
Board of Agriculture, Division of Water Resources																																																			
Application Number: <u>MW3</u>																																																			
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:																																																			
4 DEPTH OF COMPLETED WELL: <u>25</u> ft. ELEVATION:																																																			
Depth(s) Groundwater Encountered 1. _____ ft. 2. _____ ft. 3. _____ ft. WELL'S STATIC WATER LEVEL _____ ft. below land surface measured on mo/day/yr Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm Est. Yield _____ gpm Well water was _____ ft. after _____ hours pumping _____ gpm Bore Hole Diameter <u>8</u> in. to <u>25</u> in. and _____ in. to _____ in. WELL WATER TO BE USED AS: <table border="0"> <tr> <td>1 Domestic</td> <td>3 Feedlot</td> <td>6 Oil field water supply</td> <td>8 Air conditioning</td> <td>11 Injection well</td> </tr> <tr> <td>2 Irrigation</td> <td>4 Industrial</td> <td>7 Lawn and garden only</td> <td>10 Monitoring well</td> <td>12 Other (Specify below)</td> </tr> </table> Was a chemical/bacteriological sample submitted to Department? Yes _____ No <u>X</u> If yes, mo/day/yr sample was submitted _____ Water Well Disinfected? Yes _____ No <u>X</u>										1 Domestic	3 Feedlot	6 Oil field water supply	8 Air conditioning	11 Injection well	2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well	12 Other (Specify below)																																
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-17-98</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>634</u> This Water Well Record was completed on (mo/day/yr) <u>7-7-98</u> under the business name of <u>Shirley Gull Testing</u> by (signature) <u>Shirley Gull</u>																																																			