WATER WELL RECORD Form WWC-5					Division of Water					
	**Coriginal Record					rces App. No.		Well ID	NT 1	
1 LOCATION OF WATER WELL: Fraction					Section Number Township Number Range Number R					
County: Brben 1/4 NW/4 NE 2 WELL OWNER: Last Name: First:				Street or	eet or Rural Address where well is located (if unknown, distance and					
					direction from nearest town or intersection): If at owner's address, check here:					
Business: FARMERS CO-OP EXCLANGE Address: 1447 NW River 25.					in medicine large well weaken					
Address:		our les	, , 210							
Address: City: Medicine Codgstate: KS ZIP: 3 LOCATE WELL WITH "X" IN 4 DEPTH OF COMPLETED WELL: 95 ft. 5 Latitude:										
WITH "X" IN	4 DEPTH	OF COM	PLETED WELL:	7.?	. ft.	1	e:			
SECTION BOX:	Depth(s) Groundwater Encountered: 1)				1	Longitude:				
N	WELL'S STATIC WATER LEVEL: 2				1	Datum: ☐ WGS 84 ☐ NAD 83 ☐ NAD 27 Source for Latitude/Longitude:				
	below land surface, measured on (mo-day-y						S (unit make/model:			
NW NE	above land surface, measured on (mo-day-yi					(WAAS enabled? Yes No)				
	Pump test data: Well water was					☐ Land Survey ☐ Topographic Map				
W E	after hours pumping gp Well water was ft.					Online Mapper:				
SW SE	after hours pumpinggpr									
	Estimated Y	. Briii		6 Elevation:ft. Ground Level TOC						
S	Bore Hole I	ft. and		Source:						
The state of the s	1 mile in. to ft. Other									
7 WELL WATER TO BE USED AS: 1. Domestic: 5. \[Description Public Water Supply: well ID										
1. Domestic:	5. ☐ Public Water Supply: well ID6. ☐ Dewatering: how many wells?					11. Test Hole: well ID				
Lawn & Garden	7. Aquifer Recharge: well ID					☐ Cased ☐ Uncased ☐ Geotechnical				
Livestock	8. Monitoring: well ID					12. Geothe	rmal: how many bo	res?		
2. Irrigation	9. Environmental Remediation: well ID						sed Loop Horizo			
3. Feedlot	☐ Air Sparge ☐ Soil Vapor Extra					b) Open Loop				
Was a chemical/bacteriological sample submitted to KDHE? \[\subseteq \text{Yes} \] No If yes, date sample was submitted:										
Water well disinfected? ☐ Yes ☐ No 8 TYPE OF CASING USED: ☐ Steel DEPYC ☐ Other CASING JOINTS: Dead ☐ Clamped ☐ Welded ☐ Threaded										
8 TYPE OF CASING USED: Steel PVC Other										
Casing height above land surface										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
☐ Steel ☐ Stainless Steel ☐ Fiberglass ☐ PVC ☐ Other (Specify)										
☐ Brass ☐ Galvanized Steel ☐ Concrete tile ☐ None used (open hole) SCREEN OR PERFORATION OPENINGS ARE:										
Continuous Slot Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
Louvered Shutter	Key Punc	hed 🔲 W								
Louvered Shutter SCREEN-PERFORATE	DINTERV	ALS: From	n	🥝 ft., Fro	m	. 7.5 ft. to	ў.S ft., From .	ft. to) ft.	
GRAVEL PAC	CK INTERV	ALS: From	n Z. S ft. to 🕪	🧀. ft., Fro	m	ft. to	ft., From	ft. te	o ft.	
9 GROUT MATERIAL: Neat cement Cement grout Bentonite Other										
Grout Intervals: From										
Nearest source of possible Septic Tank		ion: Lateral Line	es 🔲 Pit Privy			ivestock Pen	s 🗆 Insec	cticide Storag	e	
☐ Sewer Lines	☐ Cess Pool ☐ Sewage Lagoon					☐ Fuel Storage ☐ Abandoned Water Well				
☐ Watertight Sewer Lin	es \square	Seepage Pit	☐ Feedyard		☐ F	ertilizer Stora	nge □ Oil V	Well/Gas Wel	l	
Other (Specify)						G.		0		
Direction from well?	f f f	LITHOLO	Distance from	well? FRON			LITHO, LOG (cont.)		IG INTERVALS	
10 FROM TO	9000 A			FRON	/1.	10 1	TIHO. LOG (cont.)	oi rhoddii	MILKVALS	
0 10 28	Jeec ,	TOP S Class 1	oil UlRed Stre	A. B. C.						
28 37	Engle	Spind	Red Sire	7 1 1 2						
37 36	Cons	e Sn	Control of the contro							
36 95		Sha								
	Notes:									
1 - 4 / 5 / 5 / 5	age, and									
11 CONTRACTOR'S	OD I AND	OWAIDD?	C CEDTIEIC ATIO	N. Thian	intor	well was A	constructed ["	constructed	or hlugged	
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, a reconstructed, or plugged under my jurisdiction and was completed on (mo day-year)										
Kansas Water Well Cor	tractor's Lic	ense No., .	. (a'. 72 This V	Vater Well	Reco	ord was com	pleted on (mo-day	-year	-9-13	
under the business name of										
INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each partition of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topcka, Kansas 66612-1367. Telephone (785) 296-3565.										

KSA 82a-1212

Visit us at http://www.kdheks.gov/waterwell/index.html

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