WATER W	ELL RE	CORD	Form V	WWC-5		D	ivision of Wa	ater				
💹 Original Re			☐ Change	e in Well U	se	Re	sources App.	No.		Well ID		
1 LOCATIO	N OF WAT			Fraction			ection Numl	ber	Township Numb		nge Number	
County:	1/4 NW/4 NW1/4 NE1/4			23 T 32.8			R /	4-1 E X W				
2 WELL OW				Street or R	ural Addres	s whe	ere well is located					
Ducinose:							direction from nearest town or intersection): If at owner's address, check here:					
Address: 11416 W. 11573 ST 8 Miles South of Cakk City KS South												
Address:	- 410 - 4 1	14 44	State: 100	7ID. / 🛶	710				n The Ens			
	erland f		State: KS						NIE CHY	7 3190	Rd	
3 LOCATE W WITH "X" 1	1 /1	DEPTH	OF COM	IPLETED	WELL:	77	ft. 5 Lati	itude	•		.(decimal degrees)	
SECTION B	1 1	Depth(s) Gr	oundwater I	Encountered	d: 1)	ft.	Lon	gitud	le:		.(decimal degrees)	
N		2) ft. 3) ft., or 4) [Datı	ım: 🗀] WGS 84 🔲 NAI	O 83 🔲 1	JAD 27	
1 1 150		WELL'S STATIC WATER LEVEL:30							r Latitude/Longitude			
X	i I.	below land surface, measured on (mo-day-yr)						GPS (unit make/model:)				
NW 1		above land surface, measured on (mo-day-y							WAAS enabled?		√ 0)	
,,,	1 1 1	Pump test data: Well water was						☐ Land Survey ☐ Topographic Map				
W E		Well water was f						☐ Online Mapper:				
SW :	SE	afterhours pumping										
		Estimated Yield: 10 onm				6 Elevation:ft. Ground Level TO						
S		Bore Hole Diameter: 1.0. 16. in. to 7.7			ft. and	Sou	Source: Land Survey GPS Topographic M			opographic Map		
1 mile-		in. to] Other			
7 WELL WATER TO BE USED AS:												
1. Domestic:		5. Public Water Supply: well ID					. 10. 🗆 0	10. ☐ Oil Field Water Supply: lease				
M Household		6. ☐ Dewatering: how many wells?					. 11. Tes	11. Test Hole: well ID				
Lawn & G	arden	7. 🗌 Aquifer Recharge: well ID							☐ Uncased ☐ Geotechnical			
☐ Livestock		8. Monitoring: well ID										
2. Irrigation		9. Environmental Remediation: well ID										
3. Feedlot		☐ Air Sparge ☐ Soil Vapor I				Extraction		b) Open Loop ☐ Surface Discharge ☐ Inj. of Water 13. ☐ Other (specify):				
4. 🗌 Industrial] Recovery		Injection							
Was a chemical/bacteriological sample submitted to KDHE? Yes No If yes, date sample was submitted:												
Water well disinfected? ▼ Yes □ No												
8 TYPE OF CASING USED: ☐ Steel ☐ PVC ☐ Other												
Casing diameter												
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:												
					od □T	arah Cut 🖂	Drillad Hala		Other (Specify)			
☐ Continuou☐ Louvered		KMill Slot	hed □ W	auze Wrapp			None (Open		Other (Specify)		***********	
						,	` *		, ft., From	ft to	ν ft	
GRAY	VEL PACK	INTERV	AIC From	77	ft to 10 1	ft From	ft	to	ft., From	ft to	, ft	
0 CPOUTM	ATEDIAL:	□ Noot	amont [l Comont or	nut N7rD	antonita 🖂	Othor	. 10			/ · · · · · · · · · · · · · · · · · · ·	
Grout Intervals:	From J.	ft to		ft From	out 🔼 B	ft to	ft From	m	ft. to	ft	• • • • • • • • • • • • • • • • • • • •	
Nearest source				10, 110111		. 11. 10	16., 1 101		16. to	16.		
Septic Tan			Lateral Line	s \square	Pit Privy	Г	Livestock 1	Pens	☐ Insection	cide Storage	3	
☐ Sewer Line			Cess Pool		Sewage L		Fuel Storag			oned Water		
☐ Watertight			Seepage Pit		Feedyard] Fertilizer S	Storage		ell/Gas Well	l	
		<i>a</i> &77					a a	_	ft			
					ance from v							
10 FROM	TO		JTHOLOG			FROM	ТО	LIT	ΓΗΟ. LOG (cont.) οι	PLUGGIN	G INTERVALS	
0			TOP So									
	10	Fine	Smod									
10	18	2014 Se	e sm	1 d							500 600 mm	
18	60 .	Fire Silty Smed										
60			Shale		y Stre	eks						
	,			,	/							
					***	Notes:						
					***************************************	************						
11 CONTRA	CTOR'S O	R LAND	OWNER'S	S CERTII	FICATIO	N: This wa	ter well was	X c	onstructed, 🗌 rece	onstructed	or plugged	
under my jurisdiction and was completed on (mo-day-year) 9-1.7-14 and this record is true to the best of my knowledge and belief.												
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) ?												
under the business name of												
INSTRUCTIO	NS: Send one co	py to WATER	R WELL OWN	ER and retain of	one copy for y	our records. Sub	mit fee of \$5	for each	constructed well along w	th one (white)	copy to Kansas	
Depa	artment of Health p://www.kdheks.	and Environm	ient, Bureau of /index btm!	water, Geolog	gy Section, 100	00 SW Jackson الكان 28 KSA	r, Suite 42 fe Top	ека, Ка	ınsas 00012-1307. Teleph	оне (785) 296- т	-3565. ised 9/10/2012	
	LL LLWWW KUDEKS	viiv/waterwell	andex mmi			K 5/A 8/2	I= 1 / 1 / 2 **			KeV'	OCCUPATION AND A	