WATER WELL RECORD	Form WWC-5	Division of Wate	er Resources; App. No.		
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number		
County: Charles Company to the Charles	SE 1/4 SE 1/4 NW	Global Positioning Systems (decimal degrees, min. of 4 digits)			
Distance and direction from nearest town located within city?	CALLANE KEN	Latitude:			
MINU JAW THO D	gskill sy mile	Longitude:			
2" WATER WELL OWNER: DONE	Rt GRay	Elevation:	Elevation:		
RR#, St. Address, Box # : 1	•	Datum:			
City, State, ZIP Code : Wijn	10RC, 55 110	Data Collection			
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL					
WITH AN "X" IN Depth(s) Groundwater Encountered (1) ft. (2) ft. (3) ft.					
SECTION BOX: WELL'S STATIC WATER LEVEL					
N Pump te	p test data: Well water wasft. after hours pumping gpm				
Est. Yieldgpm: Well water wasft. afterhours pumpinggpm					
WELL WATER TO BE USED AS: 5 Public water supply NE NE WELL WATER TO BE USED AS: 5 Public water supply NE NE WELL WATER TO BE USED AS: 5 Public water supply Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)					
W E Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well					
Was a chemical/bacteriological sample submitted to Department? Yes No /.N; If yes, mo/day/yrs					
Sample was submitted					
S	1.7	" G. CD.	G IOD ITTO CL 1	<i>f</i>	
5 TYPE OF CASING USED: 5 Wro	ought Iron 8 Concrete	cify below)	G JOINTS: Glued	Clamped	
X2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in to ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in, Weight lbs./ft. Wall thickness or guage No.					
Casing height above land surface					
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass X7 PVC 9 ABS 11 Other (Specify)					
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)					
From					
From					
From ft. to ft., From ft. to ft.					
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 8 Bentonite 4 Other					
Grout Intervals: From 20 ft. to ft., From ft. to ft., From ft. to ft.					
What is the nearest source of possible contamination:					
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well pelow)					
		rtilizer storage 15 O	il well/gas well	Othing on	
Direction from well?	How	many feet?	<i></i>		
	LOGIC LOG FF	OM TO	PLUGGING INT	ERVALS	
0 18 Red Clay	C 10				
18 118 Red + Glay	Shall				
7 CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION: This v	rater well was (X cons	tructed, (2) reconstruc	ted, or (3) plugged	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (*) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)					
under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year) and under the business name of Rocal Surface Well Record was completed on (morday/year).					
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in thanks, underline or circle the correct answers. Send top					
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone					
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.					