WATER WELL RECORD Form WWC-5 Division of Water							
Original Record Correction Change			Resources App. No.			Well ID	
1 LOCATION OF WATER WELL:		Fraction	Section Number Township Number Range				
County: Commanche "ANE" SE "SW "A 10 T 33 S R /B [E KI W							
2 WELL OWNER: Last Name: DUNN First: 7306 Street or Rural Address where well is located (if unknown, distance and direction from nearest town or intersection): If at owner's address, check here:							
Address: 1654 AUC. O From Coldwater 5 miles South 3 ans							
Address: City: Coldwaren State: K\$ ZIP: 67029 / Mile South 1/2 BAST North To WILL							
3 LOCATE WELL					2 BHST N	orth 10 way	
WITH "X" IN		MPLETED WELL:		5 Latitud	e:	(decimal degrees)	
SECTION BOX:	Depth(s) Groundwater Encountered: 1) ft.				Longitude:(decimal degrees)		
N	2)			Horizontal Datum: WGS 84 NAD 83 NAD 27			
	below land surface, measured on (mo-day-yr). 7-75-9			9 Source f	Source for Latitude/Longitude: GPS (unit make/model:)		
NW NE	above land surface, measured on (mo-day-yr)				(WAAS enabled? ☐ Yes ☐ No)		
	Pump test data: Well water was ft.			☐ Lan	☐ Land Survey ☐ Topographic Map		
W	after hours pumping gpm			☐ Onl	Online Mapper:		
SW SE	Well water was ft. after hours pumping gpm						
 	Estimated Yield:gpm				6 Elevation:ft. Ground Level TOC		
S	Bore Hole Diameter: 10 50. in. to 95 ft. and			Source:			
mile in. to							
7 WELL WATER TO BE USED AS: 1. Domestic: 5. □ Public Water Supply: well ID							
Household	5. Public W	ater Supply: well ID	•••••				
Lawn & Garden	Dewatering: how many wells? Aquifer Recharge: well ID			11. Test Hole: well ID			
Livestock	8. 🔲 Monitori			12. Geothermal: how many bores?			
2. Irrigation	Environmen	D	a) Clos	a) Closed Loop			
3. Feedlot	☐ Air Spar		Extraction	b) Oper	1 Loop Surface Di	scharge 🔲 Inj. of Water	
4. Industrial Recovery Injection 13. Other (specify):							
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 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)							
SCREEN-PERFORATED INTERVALS: From							
GRAVEL PACK INTERVALS: From							
9 GROUT MATERIAL: Neat 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							
Additioned water wen							
D O4 (G :G)							
Direction from well? Distance from well? ft.							
10 FROM TO	LITHOLO		FROM	TO L	THO. LOG (cont.) or	PLUGGING INTERVALS	
0 3		Top Soil					
3 8	Ton Sand						
8 20	TAN CLAY						
20 40	7 m Sond						
40 55	Tou clay	Carl					
55 62 62 65	Yellow Fine	dene	Notes:				
65 95 Red shake							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was X constructed, reconstructed, or plugged							
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo-day-year) 7-15							
Kansas Water Well Contractor's License No. 672. This Water Well Record was completed on (mo day-year) 7-26-19. under the business name of Crowd's Water Well Signature.							
Mail 1 white copy along with a fee of \$5.00 for each constructed well to: Kansas Department of Health and Environment, Bureau of Water, GWTS Section,							
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.							
1000 SW Jackson St	., Suite 420, Toneka, Kansa	S 000 Z- 30 / IVIALI ODE IO					