| WATER WELL RECORD | Form WWC- | 5 Division of Water Resources App. No. |
|--|-----------------------------|---|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number Township No. Range Number |
| County: Phillips | NW4 NW14 NV14 1 | |
| Street/Rural Address of Well Location; | | |
| from nearest town or intersection: If at | owner's address, check here | |
| | | Longitude: (in decimal degrees) Elevation: |
| 3 Wor Interse | etorn 1400 nWc | Elevation: |
| 2 WATER WELL OWNER: | · Mulder | Collection Method: |
| RR#, Street Address, Box #: City, State, ZIP Code : RT | 7 / 14/4 € / | GPS unit (Make/Model:) |
| City, State, ZIP Code : RX | L Ke 171 | Digital Map/Photo, Topographic Map, Land Survey Est. Accuracy: St. Accuracy : <a< td=""></a<> |
| 3 LOCATE WELL | | |
| WITH AN "X" IN 4 DEPTH OF | COMPLETED WELL | ft. |
| SECTION BOX: Depth(s) Ground WELL'S STATE | lwater Encountered (1) | .6.3ft. (2) |
| WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr. 2 | | |
| mom xxxxx x 7 | onm Well water was. | ft. after hours pumping gpm |
| | | ft., andin. toft. |
| | TO BE USED AS: 🔲 Pub | lic water supply Geothermal Injection well |
| Domestic Dewatering Other (Specify below) | | |
| | | |
| Was a chemical/bacteriological sample submitted to Department? Yes No | | |
| S If yes, mo/day/yr sample was submitted | | |
| | | |
| 5 TYPE OF CASING USED: | | |
| | | |
| Casing diameter | | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: | | |
| ☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify) | | |
| Brass Galvanized Steel None used (open hole) | | |
| SCREEN OR PERFORATION OPENINGS ARE: Continuous slot | | |
| Louvered shutter Key punched Wire wrapped Saw cut Other (specify) | | |
| Continuous slot Gauze wrapped | | |
| Fromtt. to ft., From tt. to ft. | | |
| GRAVEL PACK INTERVALS: From | | |
| 6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other | | |
| Grout Intervals: From 20 ft. to 6 ft., From ft. to ft., From ft. to ft. | | |
| What is the nearest source of possible contamination: | | |
| Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below) | | |
| Sewer lines Cesspool Watertight sewer lines Seepage | | el storage Abandoned water well tilizer storage Oil well/gas well |
| Direction from well | | istance from well |
| FROM TO LITHOLOG | | OM TO LITHO. LOG (cont.) or PLUGGING INTERVALS |
| 0 32 soil | | |
| 32 66 Clay & Sq | nd | |
| 66 108 gravel | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, rec | | |
| under my jurisdiction and was completed on (mo/day/year) | | |
| under the business name of Groot School K. Well Well By (signature) Substitute | | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies | | |
| (white, blue, pink) 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 copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html . | | |
| KSA 82a-1212 | | |