WATER WELL RECORD Form WWC-5 Division of Water									
			ge in Well Use Fraction	~	irces App. No.		Well ID		
		VATER WELL:		ion Number	Township_Numb		ge Number		
County: CLOUD									
2 WELL OWNER: Last Name: TREMBLAY First: RAY Street or Rural Address where well is located (if unknown, distance and									
Business: Address: 2806 NOBLE ROAD direction from nearest town or intersection): If at owner's address, check here:									
Address: NEAR THE INTERSECTION OF 280TH ROAD AND NO) NOBLE	
City: CLYDE State: KS ZIP: 66938 ROAD									
2 LOCATE WELL									
WITH "X" IN 4 DEPTH OF COMPLETED WELL:14.9 ft. 5 Latitude:39.5093250 (decin								(decimal degrees)	
1	N BOX:		Groundwater Encountered: 1) ft.			le: 97.4052	194	(decimal degrees)	
1		2) ft.	3) ft., or 4)	☐ Dry Well		I Datum: □ WGS 8-			
<u> </u>		WELL'S STATIC WATER LEVEL: ft.			Source for Latitude/Longitude:				
!			below land surface, measured on (mo-day-yr)			unit make/model:	• • • • • • • • • • • • • • • • • • • •)	
NW	NE				(WAAS enabled?]Yes □ N	0)	
1 1 1			Pump test data: Well water was ft.			☐ Land Survey ☐ Topographic Map			
W	Е		after hours pumping			Online Mapper:			
SW	SE	Well water was ft.							
	1	Estimated Violds	after hours pumping gpm Estimated Yield:gpm			ı· ft	☐ Ground	Level D TOC	
<u> </u>	S S	Pora Holo Diameter	Bore Hole Diameter:19 in. to			6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map			
I .	nile		in. to ft.			Other			
7 WELL WATER TO BE USED AS:									
1. Domestic: 5. Public Water Supply: well ID 10. Oil Field Water Supply: lease									
House		5. Trublic W	aici Suppiy: Well ID	•••••					
	☐ Household☐ Lawn & Garden6. ☐ Dewatering: how many wells? .7. ☐ Aquifer Recharge: well ID				11. Test Hole: well ID				
					☐ Cased ☐ Uncased ☐ Geotechnical				
						12. Geothermal: how many bores?			
3. ☐ Feedlo						a) Closed Loop Horizontal Vertical			
4. Industr		☐ Recovery		Extraction					
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 in. Weight lbs./ft. Wall thickness or gauge No.									
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 Punched ☐ Wire Wrapped ☐ Saw Cut ☐ None (Open Hole)									
SCREEN-PERFORATED INTERVALS: From .80 ft. to .140 ft., From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.									
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		☐ Cess Pool	Sewage L		Tuel Storage		oned Water	Well	
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well									
☐ Other (Specify) Direction from well? Distance from well? ft.									
10 FROM	TO	LITHOLO	GIC LOG	FROM	TO LIT	HO. LOG (cont.) or	PLUGGIN	3 INTERVALS	
0	1	TOP SOIL							
1	13	GRAY CLAY							
13	16	BROWN CLAY							
16	19	TAN CLAY							
19	33	FIRE CLAY							
33	140	SANDSTONE							
		The state of the s		Notes:					
11 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, preconstructed, or plugged									
under my jurisdiction and was completed on (mo-day-year) .1.1/1.7/20.15 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 480									
Kansas Wa	ter Well Co	ntractor's License No.	480 This W	ater Well Reco	ord was committee	eted on ma-dad-A	ear) 11/24	120.15	
under the b	usiness nan	ie of "KNIPINND" DRIF	LING COINC	Sig	nature	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	AMIL	7	
Mail	I white copy al	ong with a fee of \$5.00 for ea	ch constructed well to: Ka	nsas Department c	f Health and B nvi	ronment, Bureau of W	ater, GWTS S	ection,	
1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Mail one to Water Well Owner and retain of for your records. Telephone 785-296-5524.									
Visit us at http://www.kdheks.gov/waterwell/index.html KSA 82a-1212 Revised 7/10/2015									