WATER WELL I	AFTER WELL RECORD Form WWC-5				Division of Water					
	cecord Correction Change in Well Use ONOF WATER WELL: Fraction		Resources App. No.				Well ID			
1 LOCATION OF V	Section Number Township Number Range Number									
County:	lips	NE	1/4 NEVA NW	NEA	30		T 5 S	R /	7 □ E 🖼 W	
2 WELL OWNER:	Last Name: 57	orer Firs	"Kober T	Street or Ru	ıral Address v	vhere we	ell is located	(if unknown,	distance and	
Business: 2641 W Pommyer Rd direction from nearest town or intersection): If at owner's address, check here:										
A 34										
Address: Soloman State: KS ZIP: 67480 13 W oF 183 on Cozy Cove Rd 3 LOCATE WELL A DEPOSIT OF CONTRACTOR WITH A DEPOSIT OF CONTRACTO										
3 LOCATE WELL WITH "X" IN	4 DEPTH	OF COMPLE	ETED WELL:	46 f	t. 5 Latitu	de·	•		(decimal degrees)	
SECTION BOX:	Depth(s) Gi	oundwater Encou	.3 ft.	I	nqe. 			(decimal degrees)		
N	2) ft. 3) ft., or 4) □				Datum:	□ WGS	S 84 □ NAI		(decimal degrees)	
7	WELL'S STATIC WATER LEVEL:				Source	for Latit	ude/Longitude:	, 03	110 27	
	☐ below I	and surface, meas and surface, meas	-yr)	· GP	☐ GPS (unit make/model:					
NW NE		and surface, meas ata: Well water v			(WAAS enabled? ☐ Yes ☐ No)					
w		hours pum			☐ Land Survey ☐ Topographic Map ☐ Online Mapper:					
' ' -		Well water v	vas	ft.	Chine Wapper.					
SW SE	anter nours pumping gpm									
	Estimated Y	ield:gp		6 Elevation:ft. ☐ Ground Level ☐ TOC Source: ☐ Land Survey ☐ GPS ☐ Topographic Map						
S 1 mile	Bore Hole I	Diameter:/D		Source:						
1 mile in. to ft.										
1. Domestic:			innly: well ID		10 🗆 0:1	Field We	ntan Cummler. Ia			
Household	5. ☐ Public Water Supply: well ID6. ☐ Dewatering: how many wells?				10. 🗀 On	10. ☐ Oil Field Water Supply: lease				
☐ Lawn & Garden		Aquifer Recharg				Uncased 🔲 C				
Livestock] Monitoring: we			12. Geothe	rmal: ho	ow many bores	?		
2. Irrigation		nvironmental Ren				Horizonta				
3. Feedlot		Air Sparge	Extraction	b) Ope	n Loop	☐ Surface Dis	charge	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?										
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: ☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
☐ Continuous Slot ☐ Mill Slot ☐ Gauze Wrapped ☐ Torch Cut ☐ Drilled Holes ☐ Other (Specify)										
SCREEN-PERFORATED INTERVALS: From										
GRAVEL PA	CK INTERV	ALS: From	.a ft. to2.0.	ft., From .	ft. to		. ft., From	ft. to	ft.	
GRAVEL PACK INTERVALS: From										
Grout Intervals: From	. .2 .0 ft. to	<i>(</i> 2 ft., F	rom	ft. to	ft., From		ft. to	ft.		
Nearest source of possib			- n: n:	_						
Septic Tank		Lateral Lines	☐ Pit Privy		Livestock Pen	5	☐ Insectic		3.7.11	
☐ Watertight Sewer Li	□ Sewer Lines □ Cess Pool □ Sewage Lagoon □ Fuel Storage □ Abandoned Water Well □ Watertight Sewer Lines □ Seepage Pit □ Feedyard □ Fertilizer Storage □ Oil Well/Gas Well									
☐ Watertight Sewer Lines ☐ Seepage Pit ☐ Feedyard ☐ Fertilizer Storage ☐ Oil Well/Gas Well ☐ Other (Specify) ☐ Oil Well/Gas Well										
Direction from well?							ft.			
10 FROM TO	I	ITHOLOGIC L	OG	FROM	TO I	JTHO. L	LOG (cont.) or	PLUGGING	GINTERVALS	
0 8	Soil									
8 21	aholki									
21 50	yellow									
50 60	shalt									
				Notes:			····			
	Aldebi									
				_		/				
11 CONTRACTOR'S	OR LANDO	OWNER'S CEI	RTIFICATION	: This water	r well was 🗗	constru	cted, 🔲 reco	nstructed, o	or plugged	
under my jurisdiction and was completed on (mo-day-year)										
Kansas Water Well Col	ntractor's Lice	ense No 8.9	His Wa	iter Well Rec	ord was comp	oleted of	n (mo-day-ye	ar) . //	1515	
INSTRUCTIONS: Sand	De conv to WATER	WELL OWNED and	retain one some for	ur records Culture	1 for of \$5 00 for	ob a====	atad wall =1-			
under the business name of Cz. It. S. L. a. K. Watter Well. Dr. I. s. 9. INSTRUCTIONS: Send one copy to WATER WELL OWNER and retain one copy for your records. Submit fee of \$5.00 for each constructed well along with one (white) copy to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone (785) 296-3565.										

KSA 82a-1212

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Visit us at http://www.kdheks.gov/waterwell/index.html