Section Number Township No, Range Number StreekRural Address of Well Location; if uknown, distance & direction from neurost town or pitersection. If uknown, distance & direction from neurost town or pitersection. If uknown is address, check here form	WATER WELL REC	CORD	Form W	/WC-5	Division of Wate	er Resources App. No).	
Street/Ruml_Address of Well Location; thusknown, distance & direction from neurost town or intersection.] If a cowary's address, sheek here							Range Number	
figure f	County: WADun	see Co.						
Longitude:								
Elevation Second	From 14110 (a MCI) Mile Vo 150 Raid							
WATER WELL OWNER:								
SUCCITE WELL WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) \$2 ft. (2) ft. (3) ft. (3) ft. WELL'S STATIC WATER LEVEL \$2 ft. (2) ft. (3) ft. (3) ft. (3) ft. (2) ft. (3) ft. (2) ft. (2) ft. (3) ft. (4)	2 WATER WELL OWNER OF TAKE							
Section Box	RR# Street Address Boy #:							
SUCCITE WELL WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) \$2 ft. (2) ft. (3) ft. (3) ft. WELL'S STATIC WATER LEVEL \$2 ft. (2) ft. (3) ft. (3) ft. (3) ft. (2) ft. (3) ft. (2) ft. (2) ft. (3) ft. (4)	City, State, ZIP Code : //225 3, 27, 27							
WITH AN NY IN SECTION BOX. Explicit Groundwater Encountered (1). \$2. ft. (2). ft. (3). ft. WELL'S STATIC WATER LEVEL 2. ft. below land surface measured on moriday/yr. ft. below land surface measured on moriday/sr. gpm. Well water was. ft. after. hours pumping. gpm. pmg. explicit and the well water was. ft. after. hours pumping. gpm. gpm. explicit and the well water was. ft. after. hours pumping. gpm. gpm. explicit and the well water was. ft. after. hours pumping. gpm. gpm. explicit and the well water was. ft. after. hours pumping. gpm. gpm. explicit and the well water supply. Goothermal impection well between the bold in the well water was. gpm. gpm. gpm. gpm. gpm. gpm. gpm. gpm		AUGU	STA, KS 6	1010				
WELL'S STATIC WATER LEVELS	1	4 DEPTH OF	COMPLETED WEI	T. 22	471			
Pumpes data: Well water was ft. after hours pumping ggm well ft. was ft. after hours pumping ggm well ft. ggm well .	1	Depth(s) Ground	dwater Encountered	(1). 24.3	2 . ft. (2)	· ft.	3) ft.	
Pumpes data: Well water was ft. after hours pumping ggm well ft. was ft. after hours pumping ggm well ft. ggm well .	N	WELL'S STAT	IC WATER LEVEL	2ft.	below land surface	measured on mo/da	aý/yr	
Bore Hole Diameter		Pump	test data: Well wat	er was	ft. after	hours pump	oing gpm	
WELL WATER TO BE USED AS:	NW X NE	EST. YIELD	gpm. Well wat	er was.	ft. after	hours pump	ping gpm	
SW SE	W E							
Irrigation								
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, modas/yr sample was submitted. Yes No STYPE OF CASING USED: Steet DTVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter in. to	SW SE							
STYPE OF CASING USED: Steel PVC								
S TYPE OF CASING USED: Steel DPVC Other CASING JOINTS: Gliped Clamped Welded Threaded Casing diameter in to ft., Diameter in t								
CASING JOINTS:	·							
Casing height above land surface						•••••		
TYPE OF SCREEN OR PERFORATION MATERIAL:	CASING JOINTS: Glued Clamped Welded Threaded							
TYPE OF SCREEN OR PERFORATION MATERIAL:	Cosing diameter							
Steel	TYPE OF SCREEN OR PERFORATION MATERIAL:							
SCREEN OR PERFORATION OPENINGS INC. Continuous slot Mill slot Market September Septem	☐ Steel ☐ Stainless Steel ☐ PVC ☐ Other (Specify)							
Continuous slot Mill slot Gauze wrapped Saw cut Drilled holes None (open hole)	Brass Galvanized Steel None used (open hole)							
Contractor's or Landowner's Certification: This water well was Constructed, or plugged under my jurisdiction and was completed on (mo/day/year) States Constructed, or plugged under the business name of Contractor's License No.	SUKEEN UK PERFUKA HUN OPEN DUS ARE: Continuous slot							
From	Louvered shutter Key puncked Wire wrapped Saw cut Other (specify)							
From	SCREEN-PERFORATED INTERVALS: From							
From	From							
GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From								
What is the nearest source of possible contamination: Septic tank	Grout Intervals: From							
Septic tank	What is the nearest source of possible contamination:							
Watertight sewer lines Seepage pit Feedyard Fertilizer storage Oil well/gas well			nes 🔲 Pit privy	Livestock p		_	er (specify below)	
Distance from well FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, or plugged under my jurisdiction and was completed on (mo/day/year) And this record is true to the best of my knowledge and belief Kansas Water Well Contractor's License No. 13 This Water Well Record was completed on (mo/day/year)							i	
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS 1								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 201/201/201/201/201/201/201/201/201/201/							GGING INTERVALS	
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under my jurisdiction and was completed on (mo/day/year) **L. **L. **L. **L. **L. **L. **L. **L	1 32 Show	a Clay						
under my jurisdiction and was completed on (mo/day/year) **L. **L. **L. **L. **L. **L. **L. **L	32 48 Grav	1 h	VOTA)					
under my jurisdiction and was completed on (mo/day/year) **L. **L. **L. **L. **L. **L. **L. **L								
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under my jurisdiction and was completed on (mo/day/year) **L. **L. **L. **L. **L. **L. **L. **L								
Kansas Water Well Contractor's License No. 4 This Water Well Record was completed on (mo/day/year)	7 CONTRACTOR'S OF	R LANDOWNE	R'S CERTIFICATION	ON: This water	r well was Const	ructed, \square reconstri	acted, or plugged	
Kansas Water Well Contractor's License No. 4.7 This Water Well Record was completed on (mo/day/year)	under my jurisdiction and	was completed of	n (mo/day/year)	(5./. ZW! /ar	d this record is true	to the best of my k	nove dge and belief	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the confect 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.	Kansas Water Well Contr	actor's License N	lo 4 3 1 This	Water Well R	ecord was complete	d on (mo/day/year)	/ WO/OT	
(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.	INSTRUCTIONS: Use typew	riter or ball point per	A. PLEASE PRESS FIRM	LY and PRINT cle	arly. Please fill in blank	s and check the conec	t answers. Send three copies	
I become on the transfer of the second of th	(white, blue, pink) to Kansas I	Department of Health	and Environment, Bureau	a of Water, Geold	ogy Section, 1000 SW Ja	ackson St., Suite 420,	Topeka, Kansas 66612-1367.	