|  |                           |                       | WAT            | ER WELL RECORD   | Form WWC-5        | KSA 82a-                              | -1212  |  |  |
|--|---------------------------|-----------------------|----------------|--|-------------------|---------------------------------------|--|--|--|
|  |                           | TER WELL:             | Fraction       |  | Sec               | tion Number                           | Township Number  | Range Number   |  |
| County:  | eavenwo                   | rth                   | se !           | 4 gఈ<br>address of well if loca  | SW 1/4            | 12                                    | T 11s S  | R 21e E/W  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
| rwo m  | iles dı                   | <u>ie east d</u>      | of tongan      | oxie on CO   | RD 6 1            | 9451 Ev                               | ans Rd   |  |  |
| WATE   | R WELL OW                 | NER: Tom 8            | & Pat Cal      | ovich  |                   |                                       |  |  |  |
|  |                           |                       | l Evans R      |  |                   |                                       |  | Division of Water Resources  |  |
| City, State  | , ZIP Code                | : Tonga               | noxie, K       | S 66012  |                   | .1                                    | Application Number:  |  |  |
| LOCATI   | E WELL'S LO<br>IN SECTION | OCATION WITH          | 4 DEPTH OF     | COMPLETED WELL.  | 60                | ft. ELEVA                             | TION:8.20  | · · · · · · · · · · · · · · · · · · ·  |  |
| ~~ ~   | N SECTION                 | BOX.                  | Depth(s) Groun | dwater Encountered   | 1 20              | ft. 2                                 | !  | 3  |  |
| ī [  |                           | !                     |                |  |                   |                                       |  | r3-26-92   |  |
|  | - NW                      | NE                    |                |  |                   |                                       |  | umping gpm   |  |
|  | 1                         |                       | 1 .            |  |                   |                                       | -  | umping gpm   |  |
| • w ⊦  |                           |                       |                |  |                   |                                       | and  |  |  |
| ٤  | !                         | ! !                   |                | _ "  | 5 Public water    | r supply                              | 8 Air conditioning 11  | Injection well   |  |
| -  | - sw                      | SE                    | 1 Domestic     |  |                   |                                       |  | Other (Specify below)  |  |
|  | 1                         | ī                     | 2 Irrigation   |  | _                 |                                       | 0 Monitoring well  |  |  |
| L  | l X                       |                       | I .            | l/bacteriological sampl  | e submitted to De |                                       |  | s, mo/day/yr sample was sub-   |  |
|  | <u> </u>                  |                       | mitted         |  |                   |                                       | er Well Disinfected? Yes   |  |  |
| ,  |                           |                       | #2             |  |                   |                                       |  | ed Clamped   |  |
| 1 St   | -                         | 3 RMP (S              | SR)            | 6 Asbestos-Cemer   |                   |                                       |  | ded  |  |
| 2 P\   |                           | 4 ABS                 |                | 7 Fiberglass   |                   |                                       |  | eaded  |  |
| Blank casi   | ng diameter               | · · · · · 5 · · · · · | in. to19       | ft., Dia   | 5 in. to          | 24-57                                 | ft., Dia   | in. to ft.   |  |
| vasing ne  | ignt above is             | ind surface           | 24             | in., weight  |                   |                                       |  | No 2.65  |  |
|  |                           |                       | MATERIAL:      |  | 7 PV              | -                                     | 10 Asbestos-cem  |  |  |
| 1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel   |                           |                       |                | 5 Fiberglass   |                   |                                       | 11 Other (specify)   |  |  |
|  |                           |                       |                |  |                   |                                       | 12 None used (open hole)   |  |  |
| SCREEN OR PERFORATION OPENINGS ARE: #3 5 Gauzed wrap  1 Continuous slot 3 Mill slot 6 Wire wrapped |                           |                       |                |  |                   | · · · · · · · · · · · · · · · · · · · |  |  |  |
|  | uvered shutt              |                       |                |  | e wrapped         |                                       | 9 Drilled holes  |  |  |
|  |                           | ED INTERVALS:         |                |  |                   |                                       |  | toft.  |  |
| OOI ILLIA  | LIN ONA                   | D IIVIERVALS.         |                |  |                   |                                       |  | toft.  |  |
|  | SRAVEL PAG                | CK INTERVALS:         |                |  |                   |                                       |  | toft.  |  |
| `  | AUVACE LV                 | OK INTERVALS.         |                |  |                   |                                       | n  |  |  |
| GROU   | MATERIAL                  | #1 1 Neat             |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  | ft. to ft.   |  |
|  |                           |                       |                |  |                   | 10 Livest                             |  | Abandoned water well   |  |
| What is the nearest source of possible contamin  1 Septic tank  4 Lateral lines                    |                           |                       |                | 7 Pit privy  |                   |                                       | storage 15 (   |  |  |
| 2 Sewer lines 5 Cess   |                           |                       | • •            |  | agoon             | _                                     |  | Other (specify below)  |  |
| 3 Watertight sewer lines 6 Seepa   |                           |                       | •              |  |                   | 13 Insecticide storage                |  | Strier (Specify Below)   |  |
|  | rom well?                 |                       | g- p           | · · · · · · · · · · · · · · · · · · ·  |                   |                                       | many feet? 500   |  |  |
| FROM   | то                        |                       | LITHOLOGIC     | LOG  | FROM              | то                                    | PLUGGING   | INTERVALS  |  |
| 0  | 20                        | ТС                    | p Soil         |  |                   |                                       |  |  |  |
| 20   | 21                        |                       | lit            |  |                   |                                       |  |  |  |
| 21   | 60                        |                       | ime            |  |                   |                                       | ,  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       | The state of the s |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  | the state of the s |  |
|  |                           |                       |                | TO THE OWNER OF THE PARTY OF TH |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
|  |                           |                       |                |  |                   |                                       |  |  |  |
| CONT   | RACTOR'S                  | OR LANDOWNE           | R'S CERTIFICAT | ION: This water well   | was (1) constru   | cted (2) reco                         | estructed or (3) plugged up  | der my jurisdiction and was  |  |
| ,  | _,_,_,                    | 100 0 1114            | J JEHHIOAI     | TOTAL TITLE WATER WELL   | Tas (1) constitu  | مروما ركا الفروا                      | notracted, or (b) plugged un   | doi my junguichon and was  |  |
| <b>betelamo</b>  |                           |                       |                |  |                   | and this recor                        | d is true to the heet of my kr   | nowledge and belief Kanese   |  |
| ompleted<br>Vater Wel  | on (mo/day/               | year) #1 .            | 3-26-92        |  | <del></del>       | and this recor                        | d is true to the best of my kr   | nowledge and belief. Kansas  |  |
| completed<br>Vater Wel   | on (mo/day/               | year) #1 .            | 3-26-92        |  | <del></del>       | and this recor                        | d is true to the best of my kr   | nowledge and belief. Kansas  |  |

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Sand top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records. BI even