	WATER WELL RECORD Form WWC-5 KSA 82a-1212						MW-5		
1 LOCATION OF WATER WELL:	Fraction			tion Number	Township	Number	Ra	nge Num	iber
county: Shawnee	SE 1/4	SE 14 SE	1/4	3	т );	<u>၃ s</u>	R	15	(E)W
Distance and direction from nearest town			within city?						
	vd., 7								
2 WATER WELL OWNER Chaf									
RR#, St. Address, Box # : 2401		e Lana				of Agriculture,	Division o	of Water F	Resources
City, State, ZIP Code : Salin	na, K	5 67401				tion Number:	1		
LOCATE WELL'S LOCATION WITH 4 DO NOT NOT NOT NOT NOT NOT NOT NOT NOT NO	DEPTH OF CO	OMPLETED WELL	.20 <sub>.4</sub>	ft. ELEVA	TION:	133 . 9	<b>:T</b> :		
AN "X" IN SECTION BOX:	epth(s) Groundv	vater Encountered 1	14	ft. 2	2	ft. :	3	<u>م</u>	ft.
7 ! ' W	ELL'S STATIC	WATER LEVEL 8.	. 🎜 ft. b	elow land sur	face measured	on mo/day/yr	0.3	3-4	<b>:t</b> ∤
Pump test data: Well water was ft. after hours pumping gpm									
	Est. Yield , gpm: Well water was hours pumping gp								gpm
<u>•</u> ,,,	ore Hole Diamet	ter. <b>(2, 2, 2, 2, .</b> . in. to .	2O.	ft., a	and	ir	1. to		ft.
₩	ELL WATER TO	D BE USED AS:	5 Public wate	r supply	8 Air condition	•	Injection		
	1 Domestic	3 Feedlot	6 Oil field wa	ter supply	9 Dewatering	12	Other (Sp	pecify be	low)
34   35	2 Irrigation	4 Industrial	7 Lawn and g	arden only 🕻	10 Monitoring v	vell			
	as a chemical/b	acteriological sample s	ubmitted to De	epartment? Ye	 ∋sNo	; If yes	s, mo/day/	yr sample	was sub-
I s m	itted			Wat	ter Well Disinfe	cted? Yes	(	No )	
5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concre	ete tile	CASING	JOINTS: Glue	d	Clamped	1
Steel 3 RMP (SR)		6 Asbestos-Cement	9 Other	(specify below	v)	Weld	ded		'
2 VC 4 ABS	0 -	7 Fiberglass				Thre	aded		
Blank casing diameter		ft., Dia	in. to		ft., Dia		in. to		ft.
Blank casing diameter . 2									
TYPE OF SCREEN OR PERFORATION I	MATERIAL:		(7) V	С		Asbestos-cem			
1 Steel 3 Stainless steel 5 Fiberglass		5 Fiberglass	8 RMP (SR)		11 (	)			
2 Brass 4 Galvanized steel 6		6 Concrete tile	9 ABS		12 1	pen hole)	n hole)		
SCREEN OR PERFORATION OPENINGS ARE:		5 Gauze	5 Gauzed wrapped		8 Saw cut		11 Non	e (open	hole)
1 Continuous slot 3 Mill slot			vrapped		9 Drilled hole				
2 Louvered shutter 4 Key	punched Q	7 Torch	cut 10 =	`	10 Other (spe	cify)			
SCREEN-PERFORATED INTERVALS: From. 9.5 ft. to 19.5 ft., From ft. to ft.									
	From	ft. to	··^~	ft., Fror	m	ft.	to		ft.
GRAVEL PACK INTERVALS:	From	ب <u>ب</u> ft. to	مين ب	ft., Fror	m	ft.	to		ft.
	From	ft. to		10,1101	m	ft.	to		ft.
6 GROUT MATERIAL: Neat cen	4	2 Cement grout	3 Bento		Other				
		ft., From	ft.	to	ft., From	·	ft. to		ft.
What is the nearest source of possible co	ntamination:			$\sim$	tock pens	14 /			vell .
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage		15 Oil well/Gas well			
2 Sewer lines 5 Cess po	ool	8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)			N)
3 Watertight sewer lines 6 Seepag	1	9 Feedyard		13 insec	ticide storage				
Direction from well? Southeas				How mar	ny feet?	BUILDOUNG			
	LITHOLOGIC L	.OG	FROM	то		PLUGGING	INTERVA	LS	
0,4 Aspho		· u -1.							
	7 7	ilty clay							
8 20 Gray br	our, ce	ayey Silt							
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									·
				ļ					
				<del></del>					
				L					
CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION	ON: This water well wa	(1) constru	cted, (2) reco	enstructed, or (3	3) plugged un	der my ju	risdiction	and was
completed on (mo/day/year) J.Q.T.	70 - A O			and this reco	rd is true to the	best of my kr	nowledge	and belie	f. Kansas
Water Well Contractor's License No	589	This Water W	ell Record wa	s completed of	on (mo/day/yr)	1571	8,74	<del>-</del>	
under the business name of (ocotechnology, Inc. by (signature)									
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRML* and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send 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.									