WATER WELL RECORD					Form W	WC-	5	Divisio	on of Wate	r Resources; Ap	<sub>p. No.</sub> L			
1 LOCATION OF WATER WELL:				Fraction		1. 1.	Section )	Jumber	Township N		Range Nun			
Distance and direction from nearest town or o				2M/42M	1/4 N	11110	<u> 3</u> c		TIDS			F W		
located w			nearest to	own or city	street address	s of we			_	Systems (deci	•		digits)	
5020		»، ≤اړ	00.5	11:11	- DJ TO	/ l. h	201	Latitude	; da:					
2 WATER	WELI	OWNER	3WACE	311	emsanc	<u> </u>	13ch	Longiiu Elevetic	ae:					
RR#, St.	Address	s. Box #	: <b>()</b> ()	1 Jijii	ilminee H	$J_{i}$	101	Elevano	on:					
City, Star		Code	-	, , ,	THURSE TH	12771	175 KAL	Datum:	114: 1	N f - 41 1-				
3 LOCATI			<u>lell</u>	MSCK	<b>, ks.</b> <del>Leted </del> wel	ومابا	42	Data Co	nection	vietnoa:				
LOCATI		L'S   4 D	EPINO	Plwy		L			π.					
WITH A		N Den	th(s) Gro	undwater F	Encountered	(1)	None	a fi	(2)	ft.	(3)		ft	
SECTIO		: WEI	LL'S STA	ATIC WAT	TER LEVEL	ان کرا	ft. 1	pelow lar	nd surface	measured on	mo/dav/	vr	10.	
N														
		] Est.			: Well water wasft. after									
NW								conditioning						
W		<sub>E</sub>   1 D	omestic	3 Feed	lot 6 Oi	l field	water sup	ply	9 Dev	vatering	(12)Oth	er (Specify b	elow)	
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Classed Leap. Head. Than														
SW SE Wy 1 1/4 1 1/4 1 1/4 -														
	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted													
S		Sam	pie was s	adminea		• • • • • • • • • • • • • • • • • • • •	. water	well dis	infected?	i es 1	NO			
	CACT	IC VICER							G 1 G 7 1	0.100.00				
5 TYPE OF	CASI	NG USED:	5 \	Wrought Ir	on 8	Conci	rete tile	1	CASIN	G JOINTS: GI	lued	Clamped.		
2 DVC	. 3	ADC	) 0 <i>1</i>	Asbestos-C	ement	Diner	Specify	pelow)	. 0	W	eided. T.	H31011	• • • • • • • • • • • • • • • • • • • •	
Blank casing	diamet	ADS 3/	in to	2001 glass	ft Diamete	4-44-4-1 21	rain ci	to terr	3.E	W Th Diameter	ireaded.	 n to	ft	
Casing heigh	30 C	land surface	7 III. 10 ce 31	لعامعات اها	in Weight	ร์กผ	11 11	ns /ft	Wall thic	kness or guage	e No	6 1) PS 1	11.	
TYPE OF SO	CREEN	OR PERF	ORATIO	N MATER	IAL: الكنابو	·		)J., It.	wan un	Micss of guag	C 110			
1 Steel	. 3	Stainless	Steel	5 Fiberg	lass 7 PV	/C	9 A	BS		11 Other (Sp	ecify).			
2 Brass	s 4	Galvanize	ed Steal	6 Concre	ete tile 8 RN	M (SR)	) 10 A	sbestos-0	Cement	12 None used				
SCREEN OF														
	inuous s				uzed wrapped					11 None				
					re wrapped		aw cut			v)				
SCREEN-PERFORATED INTERVALS: From														
From ft. to ft., From ft. to ft.														
GRAVEL PACK INTERVALS:         From														
				110111					, 110111		11. 10		11.	
6 GROUT N	MATER	RIAL: 1	Neat cen	nent 2 C	ement grout	B)Ben	tonite	4 Other .						
Grout Interva		From	لعدار	ft. to	ft., Fro	m	f	t. to	fi	t., From		ft. to	ft.	
What is the n		ource of po												
1 Septi				ral lines 7	1 2		0 Livesto			ecticide storag	-	6 Other (spec	cify	
2 Sewe		arrian limas	5 Cess		Sewage lagoo		1 Fuel sto	_		andoned water		below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well  Direction from well? How many feet?														
	O			OLOGIC I		11	FROM	TO		PLUGGIN	G INTE	DVAIS		
		sc. help		1-176	Slak		TROM	10	3 - 2			The state of	/	
19 29	1	imestue		V-187	T •					Do'Ba	1/23_	A which		
29 65	. 4	shale			Slake	, re	200	3	4:1	<11-	Ben	2.10		
05 W		A dotac		2-200	Jyno			_	n con	JA1 195	Dem			
67 51		shale												
91 9		inestax												
97 10		Qr. Le												
164 10	•	mestoe												
107 11		balc			_									
113 12	-1 1	metter	٠											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) alugged														
under my jurisdiction and was completed on (mo/day/year)														
Kansas Wate	r Well (	Contractor'	8-License	. هم. ج. الإيلام	This V	Water '				on (mo/day/ye	ear) 🆺 .	: dr) - 07	·····	
under the business name of by the point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top													1 <i>.</i>	
three copies to k	vo: Use Kansas De	spewriter or partment of I	Dail point j Health and	pen. <u>PLEASI</u> Environment	Bureau of Water	and Pl	<u>kuivi</u> clearly zv Section	7. Please f 1000 SW I	iii in blanks ackson St	s, underline or circ Suite 420, Topeka	. Kansas 6	rect answers. S	lephone	
785-296-5522.	Send	one to WA	ATER WE							of for each co			us at	
http://www.kdhe	ks.gov/w	aterwell/index	r.html.											