INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

		WA	ATER WELL REC	ORD Form WWC-	5 KSA 82a	-1212 II	DNO. UB-	5 W	LNTEKSET	
	TON OF WA	TER WELL:	Fraction	SW 14 SR	Se	ection Numb	per Township	_	Range Nu	
				address of well if locate				2 s	1 820	(E/)
	Tohas			and hill	1818	111.5	3/1, Sha	i 1/ k 0 o	. Kansa	6
	R WELL OW					- J	Jra, Ju		, K -0.03 a	د
	ddress, Box	الحسا	Henbaug	h Injusti OBUR 3220	nes		Doord of	A ariaultura (	Division of Water F	200011100
City, State,		" : 10E	HAWNEL, KS	66203				on Number:	Division of Water F	resources
<del></del>		CATION WITH	4 DEPTH OF C	OMPLETED WELL	207.61	ft. ELE	EVATION:		•	
	N SECTION			dwater Encountered						ft
	N.		WELL'S STATIC	WATER LEVEL . M.	fft. be	low land su	rface measured on	mo/day/yr 🚜	OF TO STATEC	
			Pur	np test data: Well wa	ter was		. ft. after	hours r	oumping	gpm
_	-NW	- NE		gpm: Well wa	ter was 5 Public water		ft. after 8 Air condition		oumping njection well	gpm
	- 1	!	1 Domestic		6 Oil field water		9 Dewatering		Other (Specify belo	ow)
w⊢		- <u> </u>	2 Irrigation	4 Industrial	7 Domestic (la	wn & garde	en) 40 Monitoring w			
	1	1								
-	-sw -	- SE	Was a chemica	l/bacteriological sampl	e submitted to	Departmen			no/day/yrs sample	was sub
	<b> </b>	• ¦	mitted				Water Well Disinfe	cted? Yes	No	X
	S	·								
		CASING USED:		5 Wrought iron	8 Conc			OINTS: Glue	ed Clampe	d
1 Stee 2 PVC		3 RMP (SI	R)	6 Asbestos-Cement		(specify be	,		ded	
		4 ABS	2 in to	7 Fiberglass /77.51 ft., Dia					eaded	
Casing hei	ng ulameter aht shove la	nd surface	24	in., weight		in. to	lhe /ft Wall thick	chees or alla		
		R PERFORATIO		ит., weight	ŒΡ	_		Asbestos-Cen		
1 Stee		3 Stainles		5 Fiberglass		MP (SR)			/)	
2 Bras	SS	4 Galvaniz	zed Steel	6 Concrete tile	9 AI	BS	12 N	None used (o	pen hole)	
SCREEN (	OR PERFOR	RATION OPENI	NGS ARE:	5 Gu	azed wrapped		8 Saw cut		11 None (open	hole)
1 Con	tinuous slot		Aill slot ( 010		re wrapped		9 Drilled hole			
2 Lou	vered shutte	r 4 K	(ey punched		ch cut					
SCREEN-	PERFORATE	ED INTERVALS	: From	7,51 ft. to	201,0	2 ft., Fr	rom	ft. to	······	ft.
(	GRAVEL PAG	CK INTERVALS	From	ft. to	208.08	ft., Fr	rom	ft. to	······································	ft.
·		511 11 11 11 11 11 11 11 11 11 11 11 11								
								C 1400	~ ~ ( Vad) /	
	JT MATERIA		it cement	2 Cement grout	(3. Ber	tonite			TE SLUKRY	
				∑ ft <b>∂</b> rom	π.					
			contamination:	7 Dit mein			vestock pens		Abandoned water	well
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool				7 Pit privy 8 Sewage lagoon		<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>		15 Oil well/Gas well  6 Other (specify below)		
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit			9 Feedyard					TOHNSON CHUNTY LANGERL		
Direction fr	•		rago pri	o i couye			many feet?			
FROM	то		LITHOLOGIC	LOG	FROM	то	<del>                                     </del>	LUGGING IN	NTERVALS	
0	170	110 5440		TED SUMMIED						
<i>18</i>	<b>*</b>	CORTNO		- I DI OIT NICE						
170	172.75		NR BROWN	ESH CRAU						
			NED DALK							
176.75		COAL								
177	185.75	LIMISTON	VIE							
185.75	189.5	SHALE B	ROWNESH G	RAY						
189.5	204.5			ELLOWISH BRUWN						
	204-25		ARK GRAY							
	202.25	LIMESTO	WE							
207.25	207.61	SHALRY	CRAYTSH BL	ACK						
	·	-								
				(עמפועה אַה						
△ CONTR	ACTOR'S O	R LANDOWNE	R'S CERTIFICAT	TION: This water well	was (1) consti	ructed, (2)	reconstructed, or (3	) plugged un	der my jurisdictior	and was
completed of	on (mo/day/y	ear) <b>/.0/</b> //	709			and this	s record is true to the	e best of my k	nowledge and beli	ef. Kansas
				This Water	_			14	409	
	usiness nam		• "	NILOWMANTI			by (signature)	Um/	lo	
INSTRUCT	ΓΙΟΝS: Use type	writer or ball point pe	n. <i>PLEASE PRESS FI</i>	RMLY and PRINT clearly. Plea	ase fill in blanks, ur	derline or circle	e the correct answers. Sen	d top three copie	s to Kansas Department	of Health

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.