COCATION OF WATER WELL Floation Country Market Well So N S N S N Township Number Range Nu	T			VELL RECORD	Form WWC-5				
Distance and direction from nearest town or city "first address of well if located within city" 0 Miles S.W. of Almas on Eurosia. When Meet S.A. Address. Box # 18 Alms	•	_		Cu/ 11. Ch			1		~ ~
MATER WELL OWNER JAPS MS # 1991 Fox # 1995 MS # 1991 Fox # 1995 MS	Distance and directic	on from nearest town o	r city street addr	ess of well if locate					
Sine, St. Address, Box # Box	e I	with the control of the control	. Only ourout addition	000 07 4011 11 100011	ou warm only :	10 1011	us s.w. c	TO AFF	תוני ביינטו מים עו
Size of the part o	WATER WELL O	WNED. TAME	Maciki	700 707 -			-		
Depty Dept	•	• • • • • • • • • • • • • • • • • • • •					Board of Ac	riculturo Divi	sion of Water Resource
DOTTER WELLS LOCATION WITH DEPTH OF COMPLETED WELL D		77.3		Uni	•	1	_		SION OF TRACE THE SOURCE
Depthie) Groundwater Encountered 1. 3 ft. 2 ft. 3 ft. 3 ft. 2 ft. 3 ft.	LOCATE WELL'S	LOCATION WITH	DEDTH OF COM	IDI ETED MELL	ØD!	4 FI FI/A	TION	tuniber.	
WELL WATER TO BE USED AS: 5 Public water was ft. after hours pumping get yellow get yel	AN "X" IN SECTION	ON BOX:	oth(a) Crawadaya	PLETED WELL	31	π. ELEVA			
Pump lest data: Well water was to the state of the state	. 	N Det	pin(s) Groundwai	er Encountered	30		2	II. 3	
Est, Yield	} i								
Borne Hole Diameter . In. to	NW	NE Est							
WELL WALER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 2 Comments of the comment		l l l l l l l l l l l l l l l l l l l	re Hole Diameter	yen. Wen wat		II. a	ned	in to	mg
Domestic. 3 Feedlot. 6. Oil field water supply: 9 Dewatering 12 Direr (Specify below) Trigation 4 Industrial 7 Lawm and garden only 10 Monitoring well: Was a chemical bacteriological sample submitted to Department? Yes	# w 	E WE	III WATER TO I	RELISED AS:					
Trigetion 4 Industrial 7 Lawn and garden only 10 Monotioning well. Was a chemical/bacteriological sample submitted to Department? Yes	- i	1 1 1					_	•	_
Water Well Disinfected? VED. No	- SW	SE \				• • •	•		• • •
TYPE OF BLANK CASING USED: 3 RMP (SR) 4 ABS 7 Fiberglass 8 RMP (SR) 10 Absestos-coment 1 Steel 3 Stainless steel 5 Fiberglass 5 Fiberglass 8 RMP (SR) 11 Other (specify) 12 None used (open hole) 1 Continuous siot 1 Steel	^	l l wa	•		-	•			
TYPE OF BLANK CASING USED: 1 Seption 3 RMP (SR) 4 ABS 7 Fiberglass 1 In. to 1 In	·			teriological sample	Submitted to De				
3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded. 7 PVP 0 4 ABS 1 in to 60 th, Dia in to 10 th, Dia in to 10 th, Dia in to 10 the series of th	TYPE OF BLANK		· · · · · · · · · · · · · · · · · · ·	Wrought iron	8 Concre				····
ABS 7 Fiberglass Threaded Slain & Casing diameter 5 in to 60 ft, Dia in to 10 lbs./ft Wall thickness or gauge No YPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Oher (specify) . 2 Brass 4 Galvanized steel 6 Concrete title 9 ABS 12 None used (open hole) 1 Confinuous slot 3 Mill sty) 1 Confinuous slot 3 Mill sty) 2 Louvered shutter 4 Key punched 7 Torch cut 80 ft, From 6 ft. to 10 Oher (specify) . SCREEN OR PERFORATION OPENINGE ARE: 3 From 6 ft. to 10 Oher (specify) . From 7 ft. to 10 Oher (specify) . GRAVEL PACK INTERVALS: From 6 ft. to 11, From 11 to 10 Oher (specify) . GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Benionite 4 Oher . Sincul Intervals: From 0 ft. to 2 Oher . What is the nearest source of possible contamination: Not Cost . What is the nearest source of possible contamination: Not Cost . What is the nearest source of possible contamination: Not Cost . Sewage lagoon 12 Fernilizer Storage 16 Other (specify below) 3 Wateringht sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 15 Oil well/Gas well 17 Not . 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fernilizer storage 16 Other (specify below) 13 Insecticide storage 14 Abandonad water well 17 Not . 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fernilizer storage 16 Other (specify below) 13 Insecticide storage 15 Oil well/Gas well 17 Not . 2 Sewer lines 5 Cess pool 17 Service . 3 Province of the sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 17 Septimes . 3 Province of the sewer lines 6 Seepage pit 9 Feedyard 17 Or PLUGGING INTERVALS 9 Orth Sevice . 4 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fernilizer storage 16 Other (specify below) 17 Septimes . 4 Sewage lagoon 12 Fernilizer storage 16 Other (specify below) 17 Septimes . 4 Sewage lagoon 17 Service of the sevice of the	1 Stool-			•					
Stank casing diameter	2 PVC	, ,				•	•		
Casing height above land surface. 2 in, weight Sch. 40 lbs./ft. Wall thickness or gauge No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 9 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 5 Fiberglass 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGE ABE: 3 100 5 S Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 10 Other (specify) 2 Louvered shutter 4 Rey punched 9 Drilled holes 10 Other (specify) 3 Mill slot 7 Torch cut 0 10 Other (specify) 4 Rey punched 9 Drilled holes 10 Other (specify) 5 CREEN PERFORATEO INTERVALS: From 6. ft. to 1. ft. From ft. to From 7 Torch cut 0 10 Other (specify) GRAVEL PACK INTERVALS: From 2 O ft. to 1. ft. From ft. to From 7. to 1. ft. From ft. to From 1. to 1. ft. From ft. to GRAVEL PACK INTERVALS: From 0. ft. to 0 From 1. to 1. ft. From ft. to From 1. to 1. ft. From ft. to From 1. to 1. ft. From ft. to What is the nearest source of possible contamination: NON CLOS 11 Devision ft. From ft. to 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well Gas well 10 Developed 15 Oil well Gas well 11 Fine Istorage 15 Oil we				•					
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From ft. to ft. From ft.	CREEN-PERFORA	TED INTERVALS:	From 6.	.O ft. to .	80	ft Fror	` ' ''		
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		J. J. C. C. J. C.	· · · · · · · · · · · · · · · · · · ·					1	TO TOX CI
nder the husiness name of Waldana Wall Do'lling by (signature)	Vater Well Contracto	r's License No. , , ,	5 ./	This Water W	Veil Record was	s completed o	on (mo/day/yr)	0/2	2/0/
The state of the s	nder the business n	ame of Halder	en will b	rilling		by (signat	ure) (vais	· h	CURPI
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top rice copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one for your records.									