|  | <b>!</b>   |                                   | Form WWC-5 KSA 82a   |   |   |
|--|--|-----------------------------------|--|---|---|
| LOCATION OF WATER WELL   | Fraction   | . north                           | Section Number   | •   | Range Number  |
| County: Nickinson  |  | 4 NE 14 WSW                       | 1/4 8  | т 13 s  | R 2 E/W   |
| Distance and direction from neare  | oction of one  | La west, anorth                   | Street address of well if  | located within city?  |   |
| WATER WELL OWNER:  | Brett Hafner   |                                   | Account to the second of the property of the p | No. 44  |   |
| R#, St. Address, Box # :   | R.R. # 4   |                                   |  | Board of Agriculture,   | Division of Water Resources   |
|  | Abilene, Kans  | 3as 67410                         |  | Application Number:   | 199.  |
| DEPTH OF COMPLETED WE  |  |                                   | 8 in. to 65  | ft., and  | in. to ft.  |
| Vell Water to be used as:  | 5 Public wate  |                                   | 8 Air conditioning   | 11 Injection we   |   |
| 1 Domestic 3 Feedlot   | 6 Oil field wat  |                                   | 9 Dewatering   | 12 Other (Spec  | ify below)  |
| 2 Irrigation 4 Industrial  | 7 Lawn and g   |                                   | 10 Observation well  |   |   |
| Vell's static water level 2  |  |                                   |  | onth 9  | day 1980year  |
| Pump Test Data   |  |                                   |  | . hours pumping   |   |
| Est. Yield 15 gpm  |  |                                   |  | hours pumping   | gpm   |
| I TYPE OF BLANK CASING US  | SED:   | 5 Wrought iron                    | 8 Concrete tile  | Casing Joints: Glue   | ed Clamped  |
| tural.   | MP (SR)  | 6 Asbestos-Cement                 | 9 Other (specify below   | w) Wel  | ded   |
| Ann Paris and  | Carbottle Control Management and   | 7 Fiberglass                      |  | Thre  | eaded   |
| 2 PVC 4 AB   | in. to65   | ft., Dia                          | in, to   | ft., Dia  | in. to ft.  |
| Dasing height above land surface   | ,  | ∄ in., weight                     |  | s./ft. Wall thickness or gauge                                | No 0.258  |
| TYPE OF SCREEN OR PERFOR   |  |                                   | 7 PVC  | 10 Asbestos-cen   |   |
|  | ainless steel  | 5 Fiberglass                      | 8 RMP (SR)   | 11 Other (specify   | ·)  |
|  | alvanized steel  | 6 Concrete tile                   | 9 ABS  | 12 None used (c   |   |
| Screen or Perforation Openings A   |  |                                   | d wrapped  | 8 Saw cut   | 11 None (open hole)   |
| 1 Continuous slot  | 3 Mill slot  | 6 Wire w                          | • •  | 9 Drilled holes   | (   |
| 2 Louvered shutter   |  | 7 Torch                           | • •  |   |   |
| Screen-Perforation Dia 5 .   | * '  |                                   |  | · • • • • • • • • • • • • • • • • • • •                       |   |
|  |  |                                   |  |   | ft.   |
| F  | rom  | ft to                             | ft From  | ft. to.   |   |
|  |  |                                   |  |   |   |
|  | rom  | ft. to                            | ft., From  | ft. to  | ft.   |
|  | Neat cement  | 2 Cement grout                    |  |   |   |
| Grouted Intervals: From  |  |                                   |  |   |   |
| What is the nearest source of po-  |  |                                   | 10 Fuel  | ·   | Abandoned water well  |
| 1 Septic tank 4 Cess pool  |  | 7 Sewage lago                     |  | -   | Oil well/Gas well   |
| 2 Sewer lines 5 Seepage pit  |  | 8 Feed yard                       |  | · ·   | Other (specify below)   |
|  | Pit privy  | 9 Livestock per                   |  |   | rond  |
|  |  |                                   | ? Water  | : Well Disinfected? Yes                                       |   |
|  |  | 544 many 1000 i i-i i i i i i i i |  |   | No  |
| Was a chemical/bacteriological sa  |  |                                   |  |   | No  |
| Was a chemical/bacteriological sawas submitted   | ample submitted to D   | Department? Yes                   | vear: Pump Installe  | 0.,   |   |
| was submitted  | ample submitted to E   | Department? Yes                   | year: Pump Installe  | oed? Yes  | No  |
| was submitted  | ample submitted to Dmonth  | Department? Yesday                | year: Pump Installe  | do  | No  |
| was submitted  | ample submitted to E   | Department? Yesday                | year: Pump Installe Model No Pumps Capacity rated at   | do Yes  | No: If yes, date sample .No   |
| was submitted  | ample submitted to Emonth ne Submersible   | Department? Yesday                | Model No   | o Yes HP  | No: If yes, date sample .NoVoltsgal./min.   |
| was submitted  | ample submitted to Emonth ne Submersible DWNER'S CERTIFIC  | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Cenas (1) constructed, (2) rec  | o yes HP trifugal 5 Reciprocat                                | NoIf yes, date sample .NoVoltsgal./min. ing 6 Other nder my jurisdiction and was        |
| was submitted  | ample submitted to Emonth ne Submersible DWNER'S CERTIFIC  | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Cenas (1) constructed, (2) rec  | o yes HP trifugal 5 Reciprocat                                | NoIf yes, date sample .NoVoltsgal./min. ing 6 Other nder my jurisdiction and was        |
| was submitted  | ample submitted to Emonth Submersible DWNER'S CERTIFIC   | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Cenas (1) constructed, (2) recomposition (2) recomposition (2) recomposition (3) day  | trifugal 5 Reciprocat   | No  |
| was submitted  | ample submitted to Emonth Submersible DWNER'S CERTIFIC   | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Cenas (1) constructed, (2) recomposition (2) recomposition (2) recomposition (3) day  | trifugal 5 Reciprocat   | No  |
| was submitted  | ample submitted to Emonth  Submersible  WNER'S CERTIFIC  7  St of my knowledge a npleted on  ing Co.   | Department? Yes                   | Model No   | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
| was submitted  | ample submitted to Emonth  Submersible DWNER'S CERTIFIC  | Department? Yes                   | Model No   | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No  |
| was submitted  | ample submitted to Emonth  Submersible  DWNER'S CERTIFIC.  of my knowledge a npleted on ing Co.  FROM TO 1 FROM TO   | Department? Yes                   | Model No   | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
| was submitted  | ample submitted to E month  Bubmersible  WNER'S CERTIFIC  of of my knowledge a npleted on ing Co.  FROM TO  0 19   | Department? Yes                   | Model No   | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
| was submitted  If Yes: Pump Manufacturer's nam Depth of Pump Intake  Type of pump: 1 S  CONTRACTOR'S OR LANDO completed on and this record is true to the bes This Water Well Record was com name of Rader Drill  LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   | ample submitted to Emonth me.  Submersible  WNER'S CERTIFICATE  at of my knowledge an inpleted on ing Co.  FROM TO  19 26 26 35  | Department? Yes                   | Model No   | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
| was submitted  If Yes: Pump Manufacturer's nam Depth of Pump Intake  Type of pump: 1 S  CONTRACTOR'S OR LANDO completed on and this record is true to the bes This Water Well Record was com name of Rader Drill  LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:   | ample submitted to Emonth me.  Submersible  WNER'S CERTIFICATION  of my knowledge and pleted on ing Co.  I FROM TO  0 19  26  26  35  35  42   | Department? Yes                   | Model No   | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
| was submitted  | ample submitted to Emonth  Submersible  WNER'S CERTIFIC  7  st of my knowledge a npleted on ing Co. I FROM TO 0 19 26 26 35 35 42 42 55  | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Center as (1) constructed, (2) recomposed at 4 Center as (1) constructed at 4 Center as (1) constructed, (2) recomposed at (1) constructed, (2) constructed at (1) constructed at (1 | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
| was submitted  | ample submitted to Emonth me.  Submersible  WNER'S CERTIFICATION  of my knowledge and pleted on ing Co.  I FROM TO  0 19  26  26  35  35  42   | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Center as (1) constructed, (2) recomposed at 4 Center as (1) constructed at 4 Center as (1) constructed, (2) recomposed at (1) constructed, (2) constructed at (1) constructed at (1 | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 | No If yes, date sample No Volts gal./min. ing 6 Other nder my jurisdiction and was year |
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| was submitted  | ample submitted to Embedding Co.  The st of my knowledge and pleted on the control of the contro | Department? Yes                   | Model No.  Pumps Capacity rated at 3 Jet 4 Center as (1) constructed, (2) recomposed at 4 Center as (1) constructed at 4 Center as (1) constructed, (2) recomposed at 4 Center as (1) constructed, (2) recomposed at (1) constructed, (2) constructed | trifugal 5 Reciprocate constructed, or (3) plugged under 1980 |   |

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 three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.