WATER WELL RECORD	Form WWC-5			r Resources; App. No.		
1 LOCATION OF WATER WELL: County:	Fraction Se 1/Se 1/4 Sc	Section N	lumber	Township Number T 15 S	Range Number R EW	
Distance and direction from nearest to	wn or city street address of wel	if Global Po	sitioning	Systems (decimal degr	rees, min. of 4 digits)	
located within city?	2	Latitude Longitud				
2 WATER WELL OWNER: He		Elevatio				
RR#, St. Address, Box # : 2/3	trail Rd	Datum:	***********	· · · · · · · · · · · · · · · · · · ·		
City, State, ZIP Code : Hen	ington, to 6744	Data Co	llection N	Method:		
3 LOCATE WELL'S 4 DEPTH OF	COMPLETED WELL	70	ft.			
LOCATION		A	1	1 1		
WITH AN "X" IN Depth(s) Grou	ndwater Encountered (1)	3.5 ft.	(2)	2 ft. (3)	7 7	
	WELL'S STATIC WATER LEVEL. 25ft. below land surface measured on mo/day/yr. 3-1-09  Pump test data: Well water was					
'   WELLWATE	Est. Yield. A.Cgpm: Well water wasft. after					
	1 Demostic 2 Feedlet (Oil 6-14 meter month) 0 Demostration 10 Oil or (Greek 1-1-)					
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well						
SW SE						
Sample was submitted						
S						
	Frought Iron 8 Concre		CASINO	JOINTS: Glued	-	
	sbestos-Cement 9 Other (berglass	specify below)				
2 PVC 4 ABS 7 F.	30 ft Diameter $3$	5 in to 3	1 A	Threaded	in to ft	
Blank casing diameter in. to	in Weight SD	726lbs/ft.	Wall thic	kness or guage No.	214	
TYPE OF SCREEN OR PERFORATION	MATERIAL:		***************************************	and a game of the state of the	~	
1 Steel 3 Stainless Steel	5 Fiberglass 7 PVC	9 ABS		11 Other (Specify)		
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)						
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)						
From ft. to ft. From ft. to ft.						
From						
From						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Intervals: From	ent 2 Cement grout 3 Bent	onite 4 Other.		Enom	Α 40 Δ	
Grout Intervals: From						
1 Septic tank 4 <u>Lateral lines</u> 7 Pit privy 10 Livestock pens 13 Insecticide storage 16 Other (specify						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well						
Direction from well?	Но	w many feet?	1.00			
		FROM TO		PLUGGING INT	ERVALS	
0 35 Yellow S	oft Clax					
6 2 111	+					
入	rter					
35 37 Line			<del></del>			
37 42 YOHOWC	10.1					
31 12 YOULU	idy					
42 62 Bed CIA	V. V					
12 00 1100 C/A	7					
60 100 10 01						
	rla 1 Ulaster		1			
7 CONTRACTOR'S OR LANDOWN	CR'S CERTIFICATION: Thi	s water well was	(1) constr	ucted. (2) reconstruct	ed, or (3) plugged	
7 CONTRACTOR'S OR LANDOWN under my jurisdiction and was completed	R'S CERTIFICATION: Thi	s water well was 2.2 and this recor	(1) constr d is true t	ucted. (2) reconstruct o the best of my know	ed, or (3) plugged vledge and belief.	
7 CONTRACTOR'S OR LANDOWNI under my jurisdiction and was completed Kansas Water Well Contractor's License	R'S CERTIFICATION: Thi	s water well was 2. And this record Vell Record was o	(1) constr d is true to completed	ucted (2) reconstruct o the best of my know on (mo/day/year)	ed, or (3) plugged vledge and belief.	
under my jurisdiction and was completed Kansas Water Well Contractor's License under the business name of	On (mo/day/year) 3 - 7 - 1 No. This Water V	And this record was come by (signature)	d is true to completed te)	o the best of my know on (mo/day/year)	vledge and belief.	
under my jurisdiction and was completed Kansas Water Well Contractor's License under the business name of INSTRUCTIONS: Use typewriter or ball point p	On (mo/day/year)	Wand this record was considered by (signature of the considered by	d is true to completed te	on (mo/day/year)	vledge and belief.	
under my jurisdiction and was completed Kansas Water Well Contractor's License under the business name of INSTRUCTIONS: Use typewriter or ball point p three copies to Kansas Department of Health and E	On (mo/day/year)	Vell Record was on by (signature)  Note: The second was on the sec	d is true to completed (e) ill in blanks ackson St.,	o the best of my know on (mo/day/year) , underline or circle the co Suite 420, Topeka, Kansas	wledge and belief.  meet answers. Send top 66612-1367. Telephone	