WATE	R WELI	A RECORD	Form WWC-5	Divisio	n of Water	r Resources; App. No. L					
1 LOC	ATION C	F WATER WELL:	Fraction	Section N		Township Number	Range Number				
Cour	ity: Pou	9145	SW14 NW45W1	4 4	•	T 13 S	R 70 (E)W				
Dista	nce and di	rection from nearest town or ci	ty street address of well if		sitioning	Systems (decimal deg	grees, min. of 4 digits)				
locat	ed within c	ity?		Latitude:	33	6769700	00				
	1608	N1400 Rd Law	Wence Va	Longitud	la 9	- 00498A	73>				
2 WA	TER WEI	LL OWNER: FI Kansass, Box # 1608 N 14	Comediates	Elevation	n	3 , 4 4 1 1 0 -					
RR#	St. Addre	ss. Box # : 1/ 05/ 4/4/	3 Review and the	Detailor	ı						
City	, State, ZII	Code :	ov ra	Datum:							
		Lawrena	e <i>I</i> /S 66046 PLETED WELL	Data Col	lection I	Method:					
	ATE WE	LL'S 4 DEPTH OF COMI	PLETED WELL	26	ft.	MW-03A	}				
	ATION										
WIT	H AN "X'	'IN Depth(s) Groundwater	Encountered (1)	ft.	(2)	ft. (3)	ft.				
SEC	TION BO		ATER LEVEL								
	N	Pump test data	: Well water was	ft. after.		hours pumping	gpm				
	1 1		n: Well water was								
'	'	WELL WATER TO B									
1	WELL WATER TO BE USED AS: 5 Public water supply WELL WATER TO BE USED AS: 5 Public water supply 1 Injection well Demostric 3 Feedlot 6 Oil field water supply Dewatering 12 Other (Specify below)										
W	W E Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden)										
SV	V SE -				.0 17	7	TC /1 /				
	1		riological sample submitted								
	 :	☐ Sample was submitted	V	ater well disi	nfected?	Yes No 🤼					
	S										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
		3 RMP (SR) 6 Asbestos-			CASH		Clamped				
		` _ /									
DI. I	PVC	4 ABS 7 Fiberglass		• • • • • • • • • • • • • • • • • • • •		Threaded					
Blank ca	ising diam	eter in. to 5	S. . It., Diameter	in. to	It.,	Diameter	ın. tott.				
Casing I	neight abov	re land surface	in., Weight	lbs./ft.	Wall thic	kness or guage No	Sch. 40				
		N OR PERFORATION MATE									
1	Steel		glass A VC								
2	Brass	4 Galvanized Steal 6 Conc	rete tile 8 RM (SR)	10 Asbestos-C	Cement	12 None used (open	hole)				
SCREE	N OR PER	FORATION OPENINGS ARE	3 :								
1	Continuou	s slot M ill slot 5 G	auzed wrapped 7 Torch	cut 9 Drill	ed holes	11 None (open h	ole)				
2	Louvered s	thutter 4 Key punched 6 WATED INTERVALS: From	ire wrapped 8 Saw C	ut 10 Othe	er (specify	v)					
SCREE	N-PERFOR	RATED INTERVALS: From	25'5 ft to 13	5 ft	From	ft to	ft				
		From	ft to	ft	From	ft to	ft				
	GRAVEI	$\begin{array}{c} & \text{From.} \\ \text{PACK INTERVALS:} & \text{From.} \end{array}$	25'5 ft to 13	5 20/40	From	ft to	A				
	GIGITE	From	ft. to	A	From	ft to	1t.				
		Tioni.		11.,	riom		11.				
6 CRO	IIT MATI	RIAL: 1 Neat cement 2	Cement grout Rentoni	e 4 Other							
Grout In	torvole	From	d Gram	f to		Erom	A to A				
Whatia	1101 vais.	From		11. 10	II	., FIOIII	11. 1011.				
		source of possible contaminat			12.7	.: : 1 . 0.	1604 (16				
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify											
	Sewer line			el storage		andoned water well	below)				
		sewer lines 6 Seepage pit		tilizer Storage		l well/gas well					
	n from wel	1?		nany feet?							
FROM	TO	LITHOLOGIC	LOG FR	OM TO		PLUGGING INTI	ERVALS				
Ø	5	Cay Ell									
(7 QL	Garage State									
		oray state									
		-									
7 CONTRACTORIS OR LANDOWNER'S CERTIFICATION. This was all with the second secon											
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged											
under my jurisdiction and was completed on (mo/day/year)											
Kansas Water Well Contractor's License No											
				under the business name of by (signature) by (signa							
under th	e business	name of MAX5		by (signatur	re) ////	VILL DUMBER					
under th	e business CTIONS: Us	name of MAKS e typewriter or ball point pen. PLEA	SE PRESS FIRMLY and PRINT	clearly. Please fi	ll in blanks	, underline or circle the co	orrect answers. Send top				
under th	e business CTIONS: Uses to Kansas	name of MA45 e typewriter or ball point pen. <u>PLEA</u> Department of Health and Environmen	nt, Bureau of Water, Geology Sec	clearly. Please fi tion, 1000 SW Ja	ll in blanks ckson St., S	, underline or circle the co Suite 420, Topeka, Kansas	66612-1367. Telephone				
under th INSTRUC three copie 785-296-5	e business CTIONS: Us es to Kansas I 522. Send	name of MAKS e typewriter or ball point pen. PLEA	nt, Bureau of Water, Geology Sec	clearly. Please fi tion, 1000 SW Ja	ll in blanks ckson St., S	, underline or circle the co Suite 420, Topeka, Kansas	66612-1367. Telephone				