XX7 A FEDER	n weet	DECORD	030MW005						
		RECORD	Form WWC	, 11					
1 LOCATION OF WATER WELL: County: TOHNSON			Fraction			mber	Township Number		
Cour	nty:	Moon	SW 4 NE 4 N	JE 1/4	18		T 13 S	R 22 (E)W	
Distance and direction from nearest town or city street address of well if located within city?									
Z WA	t St Addra	DE BOY # : 7991 SH	ADDENTIONAL LADIO	40	Elevation:				
RR#, St. Address, Box # : 7991 SHATEP PARKUM Datum: City, State, ZIP Code : SUITE Data Collection Method:									
LIM WEIGHT I CONDITION SOLE PLANT CONCENTION METHOD.									
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL									
1	WITH AN "X" IN Depth(s) Groundwater Encountered (1). S. I.O. ft. (2)								
1	WITH AN "X" IN Depth(s) Groundwater Encountered (1). S. 10								
SECTION BOX: WELL'S STATIC WATER LEVEL									
For Viold come. Well water was the after though pumping gpin									
WELL WATER TO BE LICED AC. 5 Dublic motor country 0 Air and distinguish 11 Indication and									
NW NE 1 Demostic 2 Feedlet (Cil feld meter small) 0 Demostric 1 Injection with									
W E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well									
2 inigation 4 industrial 7 Domestic (lawn & garden) 10 wiolinorning wes									
SW SE Was a chemical/bacteriological sample submitted to Department? Ves No V If wes mo/day/yrs									
Sample was submitted. Water well disinfected? Yes No									
S < 1/2 No = 1/4 No = 1/4 \$ 183 - 135 P-2215									
Was a chemical/bacteriological sample submitted to Department? Yes No									
3 111	Steel	3 RMP (SR) 6 Asbestos	s-Cement 9 Other	r (enecify)	halow)	ASINO	Waldad	Clamped	
2	PV	4 ARS 7 Fiberglas	secondit 9 Oute	(specify)	ociow)		Welucu Threaded	×	
Blank casing diameter in to ft., Diameter in to ft., Diameter in to ft. Wall thickness or guage No.									
Casing height above land surface 30 in Weight lbs/ft Wall thickness or mage No Sch HO									
TYPE	OF SCREE	N OR PERFORATION MAT	ERIAL:		J. 111. TT	dir tiller	kiless of guage 110. 4.		
1 Steel 3 Stainless Steel 5 Fiberglass 7 PD 9 ABS 11 Other (Specify)									
1	Brass	4 Galvanized Steal 6 Con	crete tile 8 RM (SR	(a) 10 A	sbestos-Cei	ment	12 None used (open		
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) SCREEN-PERFORATED INTERVALS: From 5.3									
SCREEN-PERFORATED INTERVALS: From 5.3 ft. to 9.3 ft., From ft. to ft.									
From									
From ft., From ft. to ft.									
CONCUENTATIONAL TO A CONCUENTATION OF THE CONCUENT OF THE CONCUENTATION OF THE CONCUENTATION OF THE CONCUENTATION									
6 GROUT MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other									
Grout Intervals: * From .01.0 ft. to .1.0 ft., From .7.0 ft. to .2.0 ft., From .2.0 ft. to .5.13 ft. What is the nearest source of possible contamination:									
}		•	2-	10 Livesto	ck nens		~	16 Other (specify	
1 2 7					Fuel storage 14 Abandoned water well below)				
		sewer lines 6 Seepage pit		12 Fertilize	•		well/gas well .	ociow)	
		1?			feet?		well/gas well .	• • • • • • • • • • • • • • • • • • • •	
FROM	ТО	LITHOLOGI		FROM	TO		PLUGGING INTI	FRVALS	
0.0	4.5	STIFF, BROWN, ME				NE		- 00 1	
4,5	8,0	DANK BRANZI MO	D DIAGNISTAY	11.0	20		MENT GROV	T 15	
8.0	9.1	Olive, LAND DIASTIL		2.0	3,3		WYONGE DE	diera in	
a i	a.4	LINE ETT NE	101181	* 2	9.4		30 Sihar	5mm	
9.1	41.1	- INICAL TO		II.I	1,7		30 String	SKW	
	1			713	*	FO	R WEIL G	ON GTRU COTTO	
					1	10		•	
						Orio	ginal Returned t	o Sender	
				1		8	Correction Da	ie: <i>5 28 1</i> 0	
	1			+		101	Collection		
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) 1.26.10 and this record is true to the best of my knowledge and belief.									
Kansas	Water Wel	Contractor's License No	This Water	Well Reco	ord was com	npleted	on (mo/day/wear)	5-5-10	
	e business		5 The		(signature)				
INSTRUC	CTIONS: U	se typewriter or ball point pen. PLE	ASE PRESS FIRMLY and F	PRINT clearly	y. Please fill i	in blanks,	underline or circle the co	rrect answers. Send top	
three copi	es to Kansas	Department of Health and Environme	ent, Bureau of Water, Geolo	gy Section,	1000 SW Jack	son St., S	uite 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. Visit us at http://www.kdheks.gov/waterwell/index.html.									
1									