4 1004	FION OF W	RECC	ORD	Forn	n WWC	C-5	KSA 82a-1212 ID No												
1 LOCATION OF WATER WELL: Fraction County: Dickinson NW 1/4										Section Number			Township Number			Range Number			
County:				NW				SE	1/4		16		Т_	13_	S	l R	3	E/ <b>W</b>	
		from neares								iin city?									
1 WATER	mile e	ast & 1				Ente	erpr	ise,	KS										
	R WELL OV		_	Stirtz									_						
	ddress, Box			2200 A		<b>~</b> =							Bo	ard of Agr	iculture,	Division of	water H	esources	
City, State	, ZIP Code	OCATION W	nte	rprise,	KS	674	141 TED 1	A/ELI		55	4 FI	-\/AT	AP	plication	vuiliber.	45,480	<u>'                                    </u>		
										u	π. ELI	=VAI	ion:						
AN "X" I	N SECTION N			Depth(s) G	iround	water E	Encou	ıntered /⊏ı	18	ft be	low land su	π. rface	2 . maasur	ad on mo/	π. dav/vr	3 <b>4/7/</b> 0		п.	
		I	]	WELLSS	Pum	n test d	n LL v lata:	Well w	vater wa	11. De:	and su	ft. at	ter		hours	pumping	· · · · · · · · · · · · · · · · · · ·	gpm	
Est. Yield <b>8.0</b> !					800	-1006	pm:	Well w		wasft. afte				er hours			pumping gpm		
-	-1444	NE		WELL WA						lic water				•		Injection we			
\w/	i	i i	_	1 Dom <b>X</b> Irriga			eedlo ndusti				er supply			ering		Other (Spe			
W	1	I	E	A irriga		<b>+</b> 11	iuusii	IIai	7 DOI	iestic (ia	wii a gaiue	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	O WOITE	ing wen				•••••	
	CW	 																	
-	-sw	<b>X</b> SE	1 I	Was a che mitted	mical/	bacterio	ologic	al sam	ple subi	mitted to	Departmer			No <b>X</b> Disinfected		mo/day/yrs <b>Y</b>	sample		
	<u> </u>	i		milleu								vva	ICI VVCII L	JISH HECKE	J: 165 .	А	140	•	
	S																		
_		CASING US				5 Wrought iron				8 Concrete tile			CASING JOINTS: GluedX Clamp Welded						
1 Stee		3 RM 4 ABS	•	1)		6 Asbestos-Cement 7 Fiberglass			it	9 Other (specify below)						eaded			
		r1.6		in t															
		and surface																	
-	-					111.,	weigi					'	03./11. **6	10 Asbe		-	- A-0-0-0-		
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless Steel						5 Fiberglass				8 RMP (SR)				11 Other (Specify)					
2 Brass 4 Galvanized Steel							6 Concrete tile			9 ABS				12 None	e used (d	open hole)			
SCREEN OR PERFORATION OPENINGS ARE:							5 Guazeo			d wrapped			8 Saw	cut		11 None	e (open l	nole)	
1 Cor	ntinuous slo	t	X8 Mi	ll slot		6 Wire w							9 Drille						
2 Lou	vered shutt	er	4 Ke	y punched				7 <b>T</b> c	orch cut	t			10 Othe	r (specify)	)		•••••	ft.	
SCREEN-	PERFORAT	TED INTERV	ALS:													io			
	004VEL 0	OKINTED														0			
	GHAVELPA	ACK INTERV	ALS:	From			••••••	π. το ft to		b	γπ., Γι ft Fι	rom . rom			π. ιπ. ۱	lo	•••••	11	
				1 10111		**********					16., 1	OIII .							
	JT MATERI.			cement				grout			ntonite	-							
		m2				f	t., Fro	om		ft.	to		ft., Fr	om		ft. to		ft.	
What is the nearest source of possible contamination:													•			4 Abandoned water well			
1 Septic tank 4 Lateral lines						7 Pit privy							storage 1						
2 Sewer lines 5 Cess pool						8 Sewage I				· ·			ertilizer storage			1X Other (specify below)			
3 Watertight sewer lines 6 Seepage pit						9 Feedyard							cide stora	ıge	cre	ek			
	rom well?	west							-			many	feet?	500					
FROM	ТО			LITHOLO	OGIC	LOG				FROM	то			PLU	GGING I	NTERVALS	<u> </u>		
0	2	Topso	il									1							
2	14	Clay,	gra	ay								-							
14	30			ne to m	ediı	m						1							
30	65	Sand,	med	lium to	- CO:	arse													
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$oldsymbol{arDelta}$ contf	RACTOR'S	OR LANDO	WNEF	R'S CERTIF	FICAT	ION: Th	nis wa	ater wel	II was 🎗	) constr	ructed, (2)	recor	structed,	or (3) pl	ugged ur	nder my jur	isdiction	and was	
completed	on (mo/day/	/year) <b>4</b> /.	8/04	4							and thi	s rec	ord is true	to the be	st of my	knowledge a	and belie	f. Kansas	
		's Licence N							ater We	II Record					, <b>4</b> /9	nu4,			
	ousiness na			rson Ir								- '	ignature)	1114	re f	ellio		<del>-</del>	
INSTRUC	TIONS: Use tvr	newriter or ball p	oint pen	. PLEASE PRI	ESS FIF	MLY and	PRINT	clearly. P	lease fill in	n blanks, ur	derline or circl	e the c	orrect answ	ers. Send tor	three copi	es to Kansas D	epartment	of Health	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 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 <u>constructed</u> well.