| | | TER WELL REC | ORD Form | WWC-5 | | 212 ID No | · | | |
|----------------------------|---------------------------------|----------------------------|--|-----------------|-------------------|------------------------|----------------------------|--------------------|---|
| 1 LOCATION OF WA | | Fraction | CIAT | | | Number | Township | W _ | Range Number |
| County: Dickin | SON COUR | JV) E 1/4 | J 1/4 | 5 W 1/2 | | 8 _ | 7 9 | | R 3 12 (EW |
| Distance and direction | from nearest to | way 43 7 | address of well V NAVO | Procated w | titnin city? | TUST | WIST B | ונאג אי | isiction of |
| 2 WATER WELL OW | | PAPAdopu | | Lord | DUNIN | | | | |
| RR#, St. Address, Box | (# : 7945 | Wis cows | IN BUC. | Mr. | KIVIN | Murph | ✓ Board of A | Agriculture, I | Division of Water Resources |
| City, State, ZIP Code | : Beth | esta, MD | 20814 | | | , | Application | | |
| 3 LOCATE WELL'S LO | | | COMPLETED W | ELL WAS. | 43.5 | t. ELEVATI | ON: | | |
| AN "X" IN SECTIOI | F | Depth(s) Groun | dwater Encount | ered 1/1/2 | ft. below la | ft. 2. nd surface n | | ft. 3 no/day/yr | ft. |
| A ! ! | - | | | | | | | | pumping gpm |
| NW - | NE | Est. Yield | gpgn: W | ell water was | 3 | ft. afte | er | hours | pumping gpm |
| | i _ | | | | | | | | in. to ft. |
| - N | E | WELL WATER | | | | • | Air conditioning | • | njection well |
| | | 1 Domestic 2 Irrigation | 3 Feedlot4 Industrial | | ld water sup | | Dewatering Monitoring well | | Other (Specify below) |
| SW - | SE | - | | | | WA | 'S 'S' | | • |
| <u> </u> | i | Was a chemical/ mitted | bacteriological sa | mple submitte | ed to Departr | | No Vell Disinfecte | | mo/day/yrs sample was sub No |
| 5 TYPE OF BLANK (| CASING USED: | | 5 Wrought iron | | Concrete t | | | | ed Clamped |
| 1 Steel | 3 RMP (SI | R) | 6 Asbestos-Ce | | ٠. | cify below) | | | ded |
| VIS 2 PVC | 4 ABS | PV.C. | 7 Fiberglass | | | | · · · · · · · · · · · · · | | eaded |
| -Blank casing diamete | r W.S 47- | . in. to | • | | | | • | | in. to |
| Casing height above | land surface. 🎵 | (Mo.V.sd().i | ~ | | • • • • • • • • • | Ibs./ft. | Wall thicknes | s or gauge N | ۱o |
| TYPE OF SCREEN | OR PERFORAT 3 Stainless | | | | 7 PVC | | | sbestos-cen | |
| 1 Steel | 5 Fiberglass 8 RMP | | | SR) | | , , | (specify) | | |
| 2 Brass SCREEN OR PERFO | 6 Concrete tile 9 ABS | | | | 8 Saw cut | one useu (o | one used (open hole) | | |
| 1 Continuous slot | 5 Gauzed wrapped 6 Wire wrapped | | | | 9 Drilled hole | s | 11 None (open hole) | | |
| 2 Louvered shutte | | ill slot ey punched | | 7 Torch cut | | | | | |
| SCREEN-PERFORA | TED INTERVAL | LS: Fron | mound) | ft. to | | . ft., From . | | ft. [.] | to |
| | | From | | | | | | | to |
| GRAVEL P | ACK INTERVAL | | | | | | | | to |
| | | | | | | | | | |
| 6 GROUT MATERIA | | | 2 Cement grou | | Bentonite | | | | |
| | _ | • | | m | π. to. | | | | ft. to |
| What is the nearest | • | | | | | 10 Livestoo | • | | Abandoned water well |
| 1 Septic tank | 4 Later | | 7 | rit privy | | 11 Fuel sto | • | | Dil well/Gas well |
| 2 Sewer lines | 5 Cess | 1044 | | ewage lagoo | n | 12 Fertilize | _ | 16 (| Other (specify below) |
| 3 Watertight sewe | er lines 6 Seep | age pit ' | 9 F | eedyard | | 13 Insectici | • | | • |
| Direction from well? | 1 | LITHOLOGIC LO | 20 | | 30M | How many | | LUCCINC | NTEDVALO |
| FROM TO | | THOLOGIC LO | /G | | ROM ' | 10 | | LUGGING II | NIERVALS |
| 0 3 | Composi | IId CLAY | <u> </u> | ., , | | | | | |
| 3 43.5 | Benton | ije Grov | \longleftarrow | | | | | | |
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| | | at | | | | | | | |
| | | , 44/ | <i></i> | | | - | | | |
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| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTRACTOR'S C | R LANDOWNE | R'S CERTIFICAT | ION: This water | r well was (1) | constructe | d, (2) recon | structed, o (3 |) plugged ur | nder my jurisdiction and was |
| completed on (mo/day | 7 | ./.5/? | | | and | this record i | is true to the b | | nowledge and belief. Kansas |
| Water Well Contractor | • | 45.1. | This W | ater Well Re | cord was co | mpleted on | (mo/day/yr) . | 7. <i>./</i> | 11/202 |
| under the business na | | CMAN WI | _ | | | by (sign | | رسنه | KIN CWO PE |
| | NICO | | | | anks, underline | or circle the corn | ect answers. Send | top three conies t | o Kansas Department of Health and |
| ING I NUCLIONS: USE TYPE | | 6620-0001. Telephone | 785-206-5524 Sond | ODE TO WATER WI | FILOWNER and | I retain one for v | our records. Fee of | 95 00 for each co | netructed well |