WATER WELL RECORD						Form WWC-5 Division of Water Resources; App. No.							
1 LOCATION OF WATER WELL: County: Fanklin			Frac	tion		Section N		1 *					
Coun	ty: <i>[-1]</i>	an Kl	<u>ia</u>		NW	1/4 NE 1/4	NP 1/4	15		T 17 S	R 19	<u>EM</u>	
						et address of v	well if		_	Systems (decimal deg	rees, min. of	4 digits)	
SE Corner of 23rd & Eisenhower Pd								Latitude:					
2 WATER WELL OWNER: Conoco Philips RR#, St. Address, Box # : 1234 Philips						wer 120		Longitude:					
RR#	St Addre	ess Box	# ·	12.74	LA BLAC RA	1dlag		Elevation	n:				
City.	, St. Hadi. , State, ZII	Code	:					Datum:	11	N			
			4 DEI	Barltevil			10.			Method:			
	ATE WE	LL'S	4 DEI	TH OF C	OMPLET	ED WELL		5	It.				
1	H AN "X'	, IN	Denth(s) Groundy	vater Encor	intered (1)	<i>></i>	ft	(2) -	- A (3)		ft	
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)										11.			
	N			Pump test	data: We	ll water was		ft. after hours pumping gpm					
Est. Yieldgpm: Well water wasft. after hours pumpinggp											gpm		
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well													
W E 1 Domestic 3 Feedlot 6 On field water supply 9 Dewatering 12 Other (Specify bel													
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well												• • • • • • • • • • • • • • • • • • • •	
SW SE Was a chemical/hosteriological sample submitted to Department? Ves No St. If yes ma/day/yes													
	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted												
Sample was submitted													
5 TVDI		INC II	CED.	5 Wrou	aht Iron	8 Cor	anata tila		CACINI	C IOINTC, Classi	Classes	1	
	Steel			6 Asbe		o Coi nt 9 Oth	icrete tile er (specify	helow)	CASING	G JOINTS: Glued	Clampe	:a	
1	PVC	4 ABS		7 Fiber			ci (specify	ociow)		Welded Threaded	· ×		
Blank ca	sing diam	eter	2	. in. to	ft	. Diameter	i	n. to	ft	Diameter	in. to	ft.	
Blank casing diameter													
TYPE OF SCREEN OR PERFORATION MATERIAL:													
1 Steel 3 Stainless Steel 5 Fiberglass 7 VC 9 ABS 11 Other (Specify)													
	Brass					e 8 RM (S	R) 10 A	Asbestos-C	Cement	12 None used (open	hole)		
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot													
1 Continuous slot 3 Mill slot 5 Guazed 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 3.5 ft to 18.5 ft From ft to ft													
From. ft. to ft., From ft. to ft. ft. From ft. to ft.													
GRAVEL PACK INTERVALS: From ft. to ft., From ft., From ft. to ft.													
				Fr	om	ft. to		ft.,	From	ft. to		ft.	
6 CRO	UT MAT	FDIAL	• 1 NJ	est cement	2 Cemer	nt grout (De	entonite	1 Other					
Grout In		Fror	ים ה	t to	2.5	ft. From	emonite	ft to	fi	t., From	ft to	ft	
1				ible contam		,				.,, 1 10111	10. 10		
1 Septic tank 4 Lateral lines 7 Pit privy							10 Livesto	ock pens	13 Ins	secticide Storage	16 Other (s	pecify	
2 Sewer lines 5 Cess pool 8						age lagoon	11 Fuel st		ndoned water well below) pekene well/gas well Pipeline Pekene				
	Watertight			6 Seepage p			12 Fertiliz			l well/gas well	Pipe line !	41cme	
		II?		LITHOLO						DI LICODIO DIT	DDYATO		
FROM	TO 185	11			OGIC LOG		FROM	TO		PLUGGING INT	ERVALS		
0	783			four,	1611			-					
185		Sha	vi										
									-	11 11 11 11 11 11 11 11 11 11 11 11 11			
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) and this record is true to the best of my knowledge and belief.													
under my jurisdiction and was completed on (mo/day/year)													
Kansas Water Well Contractor's License No													
under the business name of Kelow Grown Tirtute, The by (signature) with the signature of circle the correct answers. Send top INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline of circle the correct answers. Send top													
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 tog 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													
785-296-53	522. Seno	d one to	o WATI	ER WELL	OWNER and	d retain one	for your re	ecords. Fe	ee of \$5.0	00 for each constructed	<u>d</u> well. Vi	isit us at	
nttp://www	v.kdhe.state.l	cs.us/geo/	waterwell	IS.		77.0	00 1010						