| | | | ATED WELL DEA | OBD - | arm MAMA | VOA OO | . 1010 - 101 | . 00329 | 961 | |
|-----------------------|------------------------------|----------------------------|-------------------------|----------------------|----------------------|-------------------------------|--------------------------------|---------------------------------------|---------------------------------|-----------------------|
| 1 LOCAT | ION OF WA | | TER WELL REC | | orm WWC-5 | KSA 828 | a-1212 ID N ection Number | Township Numb | | ange Number |
| County: | LYC | | SW 14 | 50 | $_{*}$ NW_{*} | | 22 | т 18 | S R | EW |
| Distance a | nd direction | | wn or city street a | | | | -132 | | | |
| 2 WATER | WELL OW | | onoco Fr | | | (CS) | 102 | | | |
| | ddress, Box ZIP Code | | 234 Philartesvi | Hips | | 1554 | • | Board of Agricu Application Nur | | f Water Resource |
| 3 LOCATE | WELL'S LO | CATION WITH | | | | 30 | ft. ELEVA | TION: | 31 | |
| AN "X" !! | N SECTION | BOX: | Depth(s) Groun | WATER L | countered 1 | 31 ft. be | elow land surface | ce measured on mo/da | ft. 3 | 7/04 " |
| | | | Pur Est Viola | np test data | a: Well water | was | ft. | after | ours pumping. | gp |
| - | -NW | - NE | WELL WATER 1 Domestic | TO BE USE | ED AS: 5 F | ublic wate | r supply | 8 Air conditioning | 11 Injection w | vell |
| w_ | _;X_ | | 2 Irrigation | 4 Indi | ustrial 7 E | Dil field wat Domestic (la | er supply awn & garden) (| 9 Dewatering 10 Monitoring well | 12 Other (Sp | ecity below) |
| 1 | | | _ | | | | | | MW- | 10 |
| - | -sw | - SE | Was a chemica mitted | l/bacteriolo | gical sample s | ubmitted to | | Yes No; It ater Well Disinfected? | | s sample was su No |
| 5 TYPE | S S ANK | CASING USED: | <u> </u> | 5 \\/ | -A ! | 0.0 | | | N. OlI | <u> </u> |
| Stee | el , | 3 RMP (S | R) | 5 Wrough 6 Asbest | nt iron os-Cement | | crete tile r (specify below | CASING JOINTS | | Clamped |
| (2) PVC | ; | 4 ABS | tl | 7 Fibergla | ass | ******* | | • | Threaded | X |
| | | | | | | | | ft., Dia | | |
| | | R PERFORATION | | HL, WE | agra | (7) | | lbs./ft. Wall thickness to Asbesto | | |
| 1 Stee | | 3 Stainles | s Steel 5 Fiberglass | | 8 RMP (SR) | | 11 Other (| 11 Other (Specify) | | |
| 2 Bras | - | 4 Galvani | | 6 Concre | | 9 A | | | sed (open hole) | |
| 1 | | RATION OPENI | NGS ARE: Mill slot | | | ed wrapped wrapped | i | 8 Saw cut 9 Drilled holes | 11 Nor | ne (open hole) |
| | tinuous slot vered shutte | | (ev punched | | 7 Torch | • • | | 10 Other (specify) | | 1 |
| SCREEN- | PERFORATI | ED INTERVALS | : From | 15 | ft. to | 30 | ft., From | l | ft. to | |
| 1 . | ODAVEL DA | OK INTÉRVAL 6 | From | zf | ft. to | 201 | ft., From | · | ft. to | |
| • | GHAVELPA | CK INTERVALS | From | | ft. to | | ft., From | · · · · · · · · · · · · · · · · · · · | ft. to | |
| 61 0001 | | | | | | | | α | 21.41.60 | |
| | JT MATERIA | | at cement | | ent grout | (3)80 | ntonite /3 | 4 Other | nioue, c | |
| Grout Intervals: From | | | | | | | | | 14 Abandone | |
| | otic tank | | eral lines | | | (11) Fuel storage | | | 15 Oil well/Gas well | |
| 2 Sewer lines 5 Cess | | | s pool | 8 Sewage la | | agoon | · · | izer storage | 16 Other (specify below) | |
| | tertight sewe | 4. 00. | | | 9 Feedyard | | | ticide storage | r | •••••• |
| Direction for FROM | TO | WEST | LITHOLOGIC | 2100 | | FROM | How mai | | INC INTERVAL | |
| (J, | 3 | Ola. | r Carkar | | | PROM | то | PLUGG | IŅG INTERVAL | .5 |
| 3 | 13' | Clay- | reddistr | | ~ Stiff | | | | | |
| 13' | 20 | SNA | | | lishbou | m) | | | | |
| 20. | 30. | Sandy | day - | rddis | hbroin | | | | | |
| | | J | | | | | | | | |
| | | | | | | | 1 | | | |
| | | | | | | | | | | |
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| | | | | | | | | | *** | |
| | | | | * * | | | | | | |
| | | | | | | | - | | | |
| 7 00: | AOTOR: 2 | D. I. A. I. D. C. I. II. I | | FIG. 1 = 1 | | | 1 | 3 | | |
| CONTR | ACTOR'S C on (mo/day/y | ear) | 6141260 | PN: This | water well wa | s (1) cons | tructed, (2) reco | onstructed, or (3) plugg | jed under my ju Markabuladaa | risdiction and wa |
| | | Licence No | | 05 | This Water | Well Recor | d was complete | cord is true to the best on (mo/day/y | 1991200 | Coller, Nails |
| i | usiness nam | | 11000 | / | | | | (signature) | 7/. | |

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Sept 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 constructed well.