			WATE	R WELL RECOR	D Form W	WC-5	KSA 82a-1					
1 LOCAT	ON OF WATE	R WELL:	Fraction	- h. 1	115	Sect	ion Number	Township Nu		Range Number		
County:			MU 12				29	T 23	S	R E		
Distance and direction from nearest town or city street address of well if located within city?  1420 Old Main Street, Newton												
2 WATER WELL OWNER: Hill C Store c/o KDHE												
RR#, St. Address, Box# : 1000 SW Jackson #410  Board of Agriculture, Division of Water Resources												
Topoka Ke 66612-1367								A Unadian Alianda an				
L OCAT	ZIP Code F WFLL'S LO	CATON W	ITH	1301				Application Nu	mber:	····		
City, State, ZIP Code : TOPERA, RS 00012-1307 Application Number:    3   LOCATE WELL'S LOCATON WITH   4   DEPTH OF COMPLETED WELL   20   ft. ELEVATION:     Depth(s) Groundwater Encountered   1   15   Ft. 2   ft. 3   Ft.												
_			Depth(s) Ground	15	F1	. 2	ft. 3	Ft.				
	· N									09/10/03		
. I	i i	i	- I							mping Gpm		
	- ↓ I	i .!_								mping Gpm		
	^ -	NE :	Bore Hole Diame	ter 8.625	In. to	20	)	ft. and	in. t	o Ft.		
i e w L		!	F WELL WATER T	O BE USED AS:	5 Public	water su	apply	8 Air condition	ing 11	Injection well Other (Specify below)		
<del>-</del>	i	į	1 Domestic									
.	sw <b>-</b>	SE	2 Irrigation	4 Industrial	7 Lawn a	and gard	en (domestic	) 10 Monitoring	well M\	<b>N-</b> 6		
	;	i	Was a chemical/l	acteriological sa	ample submi	tted to D	Department?	Yes No X	If yes, m	no/day/yr sample was		
† <u> </u>	<u> </u>	<u> </u>	Submitted					er Well Disinfected				
5 TYPE C	F BLANK CA	SING USE	D:	5 Wrought Iro	on 8	Concre				Clamped		
1 St			MP (SR)	6 Asbestos-C		Other (	(specify below		Welded			
2 P\	/C	4 AE	` '	7 Fiberglass				·	Thread	ed X		
				Ft								
Blank casir	ig diameter	2	in. to 5	Dia		In. to	0	_ft., Dia	ir	ı. toft.		
Blank casing diameter 2 in. to 5 Dia In. to ft., Dia in. to ft.  Casing height above land surface FLUSH In., weight SCH 40 Lbs./ft. Wall thickness or gauge No.												
TYPE OF S	SCREEN OR F	PERFORA	TION MATERIAL:					10 Asbes				
1 St			ainless steel	5 Fiberglass		8	RMP (SR)	11 Other	(specify)			
	ass		alvanized steel	6 Concrete ti		9	ABS	12 None	used (open	hole)		
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)												
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes												
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)												
SCREEN-PERFORATED INTERVALS:         From         5         ft. to         20         ft. From         ft. to         ft.           From         ft. to         ft. From         ft. to         Ft.												
	PID DACK INIT		From	2 ft to	•	20	IL F	rom	ft to	Ft.		
37.	ND PACK INT	ERVALS.										
<del>                                     </del>	<del>-</del>		From	II. IU		Γ	IL T	rom	It. to			
6 CROUT MATERIAL. 1 Next correct 2 Comput grout												
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other  Ft. Ft.												
Grout Inten	als From3	0	ft. to <b>1</b>	From2	1	to	3	ft. From		ft. toft.		
What is the	nearest source		ble contamination:				10 Livest	ock pens	14 Aban	doned water well		
1 Septic tank			4 Lateral lines	4 Lateral lines 7 Pit privy			11 Fuel storage 15 Oil well/ Gas well					
2 Se	2 Sewer lines			5 Cess pool 8 Sewage lagoon			12 Fertilizer storage			(specify below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedy						13 Insecticide storage Contaminated Site						
Direction from well?							How many feet?					
FROM	то	CODE	LITHOL	OGIC LOG	F	ROM	то	PLU	GGING INT	ERVALS		
0	1		Gravel									
1	8		Silty Clay (CL)				ļ					
8 13	13 20		Silt with some of	lay								
20	TD		Mudstone End of Borehol									
20	10		Lila di Borendi	3		·						
								MARINE 1-1-1-1-1		1/2011		
	<u> </u>											
7 CONTR	ACTOR'S OR	LANDOW	NER'S CEDTICIOATIO	N: This water:	vall was (v)	-onetru-	ted (2) reco-	setructed or (2) also	inged under	my juriediction and w		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w Completed on (mo/day/yr)  10/03/03  And this record is true to the best of my knowledge and belief. Kansas												
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 09/03/03												
		.icense No	Associate	d Environs	nental In	. inis W	ater vvell Ked	cora was completed	u on (mo/da) •in P D•••	y/yr) valvalva		
	usiness name UCTIONS:. Ple	ease fill in h	anks and circle the corre	ect answers. Send	three copies	to Kansa	By as Department	(signature) <b>Dar</b> of Health and Enviro	nment Bures	au of Water, Topeka		
INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.												