| | | ATER WELL RECO | ORD Form WWC-5 | KSA 82a-1 | 212 ID No | | | |
|---|---|-----------------------|---|-----------------------|-----------------------------|--|--|--|
| LOCATION OF W | ATER WELL: | Fraction | | Sec | tion Number | Township Number | Range Number | |
| ounty: Har | | NW4 | NE1/4 NE | 1/4 | 8 | т 23 s | R / (E)W | |
| stance and direction | from nearest to | wn or city street ac | ddress of well if located | within city? | | | | |
| | | 2401 | Collage | Aue in | $\sim N N$ | lewton | | |
| WATER WELL OV | VNER: | | | | | | | |
| R#, St. Address, Box | x#: | 3 401 Col | lage Ave | PO BOX | 51 | Board of Agriculture | e, Division of Water Resource | |
| ity, State, ZIP Code | | Neuton | 1 KS 67/ | 1/7 | | · · | - | |
| LOCATE WELL'S L | OCATION WITH | 4 DEPTH OF CO | OMPLETED WELL | 42 | ft. ELEVAT | ION: | r: | |
| AN "X" IN SECTION | | | | | | | t. 3 ft. | |
| N | | WELL'S STATIC | WATER LEVEL | ft. belo | w land surface | measured on mo/day/yr | 7-7-05 | |
| NW | NE | Pum Est. Yield 2 | np test data: Well wate 6 gpm: Well wate O BE USED AS: 5 3 Feedlot 6 | er was | Oft. aft. a supply supply | fterhour fterhour 8 Air conditioning 1 9 Dewatering 12 | s pumping | |
| SW | SE | Was a chemical mitted | /bacteriological sample | submitted to (| Department? Y Wa | es No; If yes tter Well Disinfected? | s, mo/day/yrs sample was sul No | |
| TYPE OF BLANK | CASING LISED: | | 5 Wrought iron | 8 Concre | te tile | CASING IOINTS: G | lued * Clamped | |
| 1 Steel | TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) | | | | (specify below) | | /elded | |
| PVC 4 ABS | | | | | | | hreaded | |
| | r5 | in. to | 2.2 ft., Dia | | in. to | ft., Dia | ff | |
| | | | | | | | uage No | |
| TYPE OF SCREEN C | OR PERFORATION | ON MATERIAL: | | (7)PV | С | 10 Asbestos-C | Cement | |
| 1 Steel 3 Stainless Steel | | | 5 Fiberglass 8 RMP (SR) | | IP (SR) | 11 Other (Specify) | | |
| 2 Brass 4 Galvanized Steel | | | 6 Concrete tile 9 ABS | | S | 12 None used (open hole) | | |
| CREEN OR PERFO | PRATION OPENI | NGS ARE: | 5 Guazed wrapped | | | 8 Saw cut | 11 None (open hole) | |
| 1 Continuous slo | ot 3 N | Mill slot | 6 Wire wrapped | | | 9 Drilled holes | | |
| 2 Louvered shut | ter 4 K | Key punched | 7 Torc | h cut | | 10 Other (specify) | f | |
| GRAVEL P | ACK INTERVALS | S: From |). <i>O</i> ft. to | 43 | ft., From | ft | . to | |
| GROUT MATER | IAL: 1 Nea | at cement | 2 Cement grout | ⊘ Bent | onite 4 | Other | | |
| | _ | | | | | | ft. to | |
| What is the nearest s | | | | | 10 Livest | , | 4 Abandoned water well | |
| 1 Septic tank 4 Lateral lines | | | | | 11 Fuels | | 5 Oil well/Gas well | |
| 2 Sewer lines 5 Cess pool | | | 8 Sewage lagoon | | | | 6 Other (specify below) | |
| (3) Watertight sewer lines 6 Seepage pit | | | | | | secticide storagesectionage | | |
| Direction from well? | | page pit | | | | many feet? 3 o | | |
| FROM TO | $\frac{3\omega}{\perp}$ | LITHOLOGIC | 100 | FROM | TO | | NTERVALS | |
| | - | | LOG | PROM | -10 | FLOGGING | A INTERVALS | |
| 0 10 | | lay | | | | | | |
| 10 15 | - | and | 7.00E | | | | | |
| 15 25 | Br C/ | | | - | | | | |
| 25 27 | Fai | | | - | | | | |
| 27 33 | | DK Gr | Clay | | | | | |
| 33 40 | | Sand | • | | | | | |
| 40 43 | Shale | <u>.</u> | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | and the second s | |
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| | | | | | | | | |
| | | | | | | | | |
| CONTRACTOR'S | OR LANDOWN | ER'S CERTIFICA | TION: This water well v | vas 🕰 constr | ucted. (2) reco | enstructed, or (3) plugged | under my jurisdiction and w | |
| ompleted on (mo/day Vater Well Contracto | //year) r's Licence No | フ-フ-05 | | | and this re was complete | cord is true to the best of m | ly knowledge and belief. Kans | |
| nder the business na | ame of M | iller 1. | 11/240 | | by (| signature) | illes | |
| INSTRUCTIONS: Use to | pewriter or ball point r | nen. PLEASE PRESS E | IRMLY and PRINT clearly. Plea | se fill in blanks, un | derline or circle the | correct answers send top three c | opies to Kansas Department of Health | |

INSTRUCTIONS: Use typewriter or bail point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PLANT</u> clearly. Please till in blanks, underline or circle the correct answers Send top three copies to Kansas Department of Hea 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.