WATER WELL RECORD Form WWC-5									;	Division of Water Resources; App. No.								
I LOCA	TION OI	WAT		LL:		Fraction				Section Number			Tow	Township Number				
County: Harvey NW v4 NE v4 SW v4 Distance and direction from nearest town or city street address of well if								'/4	17' T 23 S R 1 CI Global Positioning Systems (decimal degrees, min. of 4 dig							EW		
	nce and dir ed within c		irom near	rest tow	n or cit	y street a	address	s or we	11 11			_	•	•	imal degr	ees, min.	01 4 di	igits)
	Broadway,		n, KS							Latitude:								
2 WATER WELL OWNER:											Elevation:							
RR#, St. Address, Box # KANSAS DEPARTMENT OF HEALTH											ım:	•						
City	, State, ZIP		Αì	ND EN	VIRON	MENT				Data	Data Collection Method:							
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 23.58 ft.																		
	ATION	į.																
	H AN "X"	11/12/07												. ft.				
SEC	TION BOX													mm.				
Fullip test data. Well water was the after hours pumping test. Sield gpm: Well water was ft. after hours pumping																		
l w l Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify										ecify be	elow)							
2 Irrigation 4 Industrial 7 Domestic (Lewn& garden) 10 Monitoring well																		
1 1 -																		
	Was a chemical/bacteriological sample submitted to Department'? Yes No X If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No X													/yrs				
	S	_	Sample	was sut	milica.				w at	ci wci	i disi	incorcu:	103.		. 140			
5 TVDE	OF CAS	INC IIS	SED.	5 W	rought I	ron		Concr	ete tile			CASIN	G IOI	NTS.	Glued	Cla	mned	
I		3 RMP			shestos-	Cement												
$\frac{1}{2}$	PVC	4 ABS	(511)	7 Fit	perglass	· · · · · · · · · · · · · · · · · · ·			(opecii,		··· <i>)</i>				Welded. Threade	_d YES		
Blank ca	PVC asing diame neight abov	eter 2'	j	n. to .8	.58	ft., D	iamete	Torri d	۸	in. to		ft.,	, Diam	eter .		in. to		ft.
Casing 1	neight abov	e land s	surface			in., W	eight.	SCH 4	0	. lbs./	ft. W	all thick	kness	or gu	age No.		· · · · · · ·	
1	F SCREE		ERFORA				(7 D)		0	ADC			1 1	Othar	(Specify)			
	Steel Brass		vanized S		5 Fiber	_		M (SR)							used (ope			
_	N OR PER						0 10	(011)						· one ·	asea (ope			
I	Continuo	ıs slot(3 Mill s	lot	5 Gı	azed wr	apped	7 To	orch cu	ıt 9 D	rilled	l holes	I	I Nor	ne (open h	iole)		
2 Louvered shutter 4 Key punched 6 Wire wrapped SCREEN-PERFORATED INTERVALS: From 23.58 ft., from ft. to ft.																		
SCREE	N-PERFOI	RATED	INTER	VALS:	From 4			ft. to			It.,	From			It. to .			ft.
	GRAVEL	PACK	INTERV	VALS:	From 2	25		ft to 7	.5		ft	From			ft. to			ft.
GRAVEL PACK INTERVALS: From 25 ft. to 7.5 ft. to 7.5 ft. to 7.5									ft.,	From			ft. to .			ft.		
1										4.0	. (ement						
	UT MATE	CRIAL:	7.5	at cem	ent 2 C	Cement	grout	3 Bent	onite	4 Ot	her .:	ZOINOIIL	 A E					a
Grout In	the nearest	FIUL	of possib				п., гг)III		. 11. 10		1	ι., Γιο	· III		11. 10	0	II.
1	Septic tank					7 Pit priv	/V	I	0 Lives	tock p	ens	13 In:	sectici	ide Sto	orage	16 Oth	er (spe	cify
1	Sewer line					8 Sewag		on 🗹	T Fuel s	storage)	14 A	bando	ned w	ater well	belo		•
	Watertigh											e 15 Oil						
	n from wel	1?		ITUO	LOGIC	LOC		H	ow mai		ι? ΓΟ	T			SING IN		<u>c</u>	
FROM 0'	TO 5	Clay F	Brown-Y		LOGIC	LUG			rkon	VI	10		P	LUGC	JING IN	EKVAL		
5'			Green-Br							-							· · · · · · · · · · · · · · · · · · ·	
10	15		Green-Gr															
15	20	Clay, Green-Grey																
20		Clay, Grey																
25		Bedroc	ck, shale,	grey								BCMW	7-2					
										+								
										-								
7 CON	TRACTOR	'S OR I	LANDOY	WNER	'S CER	TIFICA	LION.	This v	vater w	ell wa	SIN	constru	cted ((2) red	construct	ed. or (3) pluo	ged
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) 11/5/07 and this record is true to the best of my knowledge and belief.																		
Kansas Water Well Contractor's License No. 665 This Water Well Record was completed on me/day/years 12/5/07																		
under the business name of Pratt Well Service, Inc. INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in backs, underline or circle the correct answers. Send top												and t-						
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1 000 SW Jackson St., Suite 420, Topeke, Kansas 66612-1 367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at																		
785-296	5-5522. Se w.kdhe.state.k	nd one	to WATI	ER WE	ELL OW	NER an	d retai	n one	for you	r reco	rds. F	ee/6f \$5	.00 fc	or eacl	h constru	cted wel	II. Visi	t us at
nttp://ww	w.Kuiic.State.K	o. us/gcu/	water wells.															

KSA 82a-1212