WATE	R WELL	RECOF	RD		Form WW	Division of Water Resources; App. No.					
1 LOC Coun	ATION O	N OF WATER WELL:			Fraction SE1/4	NETA		Number		er I	Range Number
Dista	nce and dir	ection fron	n near	est town or c	ity street address of	well if	Global Positioning Systems (decimal degrees, min. of 4 d				
located within city?							Latitude:				
2 WATER WELL OWNER: CITY OF HACSTEAD							Longitude:				
RR#	St. Addres	ss, Box #	`` 3	03 Main	15+		Elevation: Datum:				
	State, ZIP								Method:		
City, State, ZIP Code : Helstend US 67056 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL							Data Collection Method:				
	ATION					•					
	WITH AN "X" IN Depth(s) Groundwater Encountered (1)										
SEC	SECTION BOX: WELL'S STATIC WATER LEVEL										
	Pump test data: Well water wastt. after Est. Yield								hours pumping	ζ σ	gpm gpm
		3371	ELL W	ATER TO I	BE USED AS: 5 Pu	ıblic water	vater supply 8 Air conditioning 11 Injection well				
w NV	1 Demostic 2 Feedlet (Oil field mater smaller) Demost wine 12 Other (Consider)									(Specify below)	
	2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well										
SW	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs										
	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted										
Sample was submitted											
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped											
I		3 RMP (SI				ner (specif	y below)	CHOIN	Welde		. Clamped
7 Fiberglass											
Blank casing diameter in, to											
Casing height above land surface											
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)											
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)											
SCREEN OR PERFORATION OPENINGS ARE:											
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)											
From											
GRAVEL PACK INTERVALS: From											
From ft. to ft., From ft. to ft.											
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other											
Grout In					ft., From						
1				le contamina			. 16. 60		, 110111		10.00
	Septic tank		4]	Lateral lines		10 Lives	tock pens	13 In	secticide Storage	16	Other (specify
	Sewer line			Cess pool	8 Sewage lagoon	11 Fuel s	_		bandoned water we	11	below)
	Watertight				9 Feedyard		izer Storag		il well/gas well		
FROM	n from wel	1?		ITHOLOGI	CLOG	FRON	ny feet? M TO	<i>J.</i> J. Z	PLUGGING I		VAIS
O	10	TOV		SOLL	C LOG	TROP	VI IO	-	PLOGGING II	VILK	VALS
	- 1			J. V. C.				1			
_/	23	CU	N, T								
		_									
23	32	Fin	<u>'</u>	SAND				-		_	
2 2	50	10	04 6	- 444	0			ļ			
32	50	BE	2/Un	SANK	<i>.</i>						
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)											
under the business name of WENIUM PLILIM Two by (signature)											
under the business name of Whith plus Two. by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please file in blanks, underline or circle the correct answers. Send top											
three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000-8W Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone											
785-296-5	522. Send w.kdhe.state.k			WELL OW	NER and retain one	for your	records.	Fee of \$5	.00 for each constru	cted	well. Visit us at
IIIp.//ww		wall	A W C115.								