WATE	R WELL RI	ECORD		Form WWC	C- 5	Division of Wat	er Resources; App. No.		
Cou	nty: O'COL				VE 1/4	Section Number	Township Number T 65 S	Range Number R EW	
	ance and direction in the second and direction in the seco	of from nearest to	own or city	street address of v	:	Latitude:	g Systems (decimal deg		
2 WA	TER WELL O	WNER: ///	Chell	le Kra	WA				
RR# City	t, St. Address, E r, State, ZIP Coo	Box # : //46	$\mathcal{I}_{\mathcal{N}}$	le Kra Seneca Center	St. KS	Datum: Data Collection			
	CATE WELL'S	6 4 DEPTH O	F COMPL	ETED WELL		ft	···		
WIT	TH AN "X" IN TION BOX:	Depth(s) Gro	Depth(s) Groundwater Encountered (1)						
SEC	N N	Pump test data: Well water was							
	WELL-WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							ection well	
w	- I			trial 7 Domes	tic (lawn &	garden) 10 Mo	nitoring well		
S	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/y Sample was submitted								
	S								
1		MP (SR) 6 .	Wrought Iro Asbestos-Co	ement 9 Oth	crete tile er (specify	below)		-	
PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in, to ft., Diameter in, to ft., Diameter in, to ft. Casing height above land surface 1.0 in, Weight 1.00 lbs./ft. Wall thickness or guage No.									
TYPE OF SCREEN OR PERFORATION MATERIAL:									
1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)									
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot									
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)									
From									
From ft. to ft., From ft. to ft.									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other									
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify									
3		5 Cess er lines 6 Seep	age pit 9	Sewage lagoor Feedyard	11 Fuel sto 12 Fertiliz	er Storage 15 S	bandoned water well lil well/gas well	below)	
Direction FROM	n from well?	ULAF LITH	OLOGIC L	OG	How many FROM	feet?	PLUGGING INT	ERVALS	
_0	337	DP SOL		A 1 1					
93	57 65	Blue	Shal	Limest	tral.			,	
<u> 65 </u>	71 1	sed Sh	ale	nuicor	0,40				
71	80 1	seu s	nale						
		AMA AMA MANA AMA AMA AMA AMA AMA AMA AMA							
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 by (signature) by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill 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 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 <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html.									
nttp://www.kdneks.gov/waterweil/index.ntmi.									