TYPE OF BLANK CASING USED  1 Steel  1 Steel  2 PVC  4 ASS  5 Kinought iron  6 Asbestos-Cement  9 Other (specify below)  1 In. 10  1 In.		WATE	R WELL RECORD F	Form WWC-5 KSA	82a-1212	
Delarge and direction from-passers town or city?    Street address of well if located within city?   Street address of well if located within city?   WATER WELL OWNER: LARGE   Hand Selection	1 LOCATION OF WATER WE	LL Fraction	115 11			Range Number
Delarge and direction from-passers town or city?    Street address of well if located within city?   Street address of well if located within city?   WATER WELL OWNER: LARGE   Hand Selection	County: But ER.	SE 1/4	NE 14 NE	. 1/4   22	.   T 25 s	R 3 (E)W
WATER WELL OWNER   Calbody   Calbo	Distance and direction from ne	earest town or city?	) <u> </u>	•	-	
Board of Agriculture, Division of Water Resourcer (Division of Water Resourcer Control State, 200 Code   Caste Code   Cast	12 East So	innydale K	2			
Delign State (2P Code   A Bad of State	2 WATER WELL OWNER:		Hapaer			
SEPTIP OF COMPLETED WELL   91   15 Bose hole Dameter   11   11   11   11   11   11   11	1	DOX 126	Vc 16061			: 1
Well Water to be used as 5 Public water supply 8 Air conditioning 11 Injection well Domestics 3 Feedot 6 Oil field water supply 10 Observation well Well Satiral Air Canage (1) Feedom 10 Oil field water was	City, State, ZIP Code	rea poug p	3 66866	<b>2</b>	Application Numb	er:
Department   12 Other (Specify below)   13 Other (Specify below)   13 Other (Specify below)   14 Other (Specify below)   14 Other (Specify below)   14 Other (Specify below)   14 Other (Specify below)   15 Oth	1	-				,
2 (Figation   4 Industrial   7 Lawn and garden only   Well's static well relieve)   5 the below land surface measured on   month   month   day   year   ye				•	•	and the second s
Well static water level	2 Irrigation 4 Industrial 7 Laws and garden only 10 Observation well					Decity Delow)
Purp Test Date		25 ft below land	surface measured on		month 5	day 80 year
Est Yield 25 gpm Well water was fin after hours pumping gpm 47 yebr of Blank Cashing Liber 1 Sievel 1 Sievel 2 PVPC of Scheder North Per Port ARS 7 Fiberglass 8 Fiberglass 8 Fiberglass 8 Fiberglass 8 Fiberglass 9	•					
1 Steel SIMP (SR) 6 Asbestos-Cement 9 Other (specify) below) Wickland Treraded.  2 PVC 1 ASS in to 7 Fiberglass in to 1 R. Dia in to 1 R. Dia in to 2 R. Dia in to 2 R. Dia in to 3 R. Dia in to 3 R. Dia in to 4 R. Dia in to 8 R. Dia in to 9 R. Dia						
1 Steel SIMP (SR) 6 Asbestos-Cement 9 Other (specify) below) Wickland Treraded.  2 PVC 1 ASS in to 7 Fiberglass in to 1 R. Dia in to 1 R. Dia in to 2 R. Dia in to 2 R. Dia in to 3 R. Dia in to 3 R. Dia in to 4 R. Dia in to 8 R. Dia in to 9 R. Dia	4 TYPE OF BLANK CASING	USED:	5 Wrought iron	8 Concrete tile	Casing Joints: 0	Glued
Blank casing sign a	1 Steel	RMP (SR)	6 Asbestos-Cement			,
Casing height above land surface.   1. in, weight   1. ibs.fit. Wall hickness or gauge No.   1.	-		, •			
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Statises steel 5 Fiberglass	Blank casing dia 5	in. to	ft., Dia	in. to	ft., Dia	in. to ft.
1 Steel 3 Stainless steel 5 Fiberglass 9 ABS 11 Other (specify). 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  1 Continuous slot 7 Mill slot 6 Wire wapped 9 Drilled holes 2 Louvered shutter 5 Continuous slot 1 None (open hole) 1 Continuous slot 7 Mill slot 6 Wire wapped 9 Drilled holes 2 Louvered shutter 5 Continuous slot 1 None (open hole) 1 Continuous slot 1 None (open hole) 2 Louvered shutter 5 None 1 None (open hole) 3 Darilled holes 5 Creen-Perforation Dia 1 None (open hole) 4 Key punched 7 Torch ut 10 Other (specify) 5 Creen-Perforated intervals: From 2 In to 1 None (open hole) 5 In to 1 In Dia In to 1 None (open hole) 5 In to 1 In Dia In	Casing height above land surf	ace/2	in., weight			
2 Paras						
Screen or Perforation Openings Are:  1 Continuous slot  2 Louvered shutter  5 Gauzed wrapped  9 Saw cut  11 None (open hole)  1 Continuous slot  2 Louvered shutter  5 Green-Perforation Dia  5 in to  1 Dia						• • • • • • • • • • • • • • • • • • • •
1 Continuous slot						
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) Screen-Perforation Dia 5. In. 10 ft. Dia In. 10						11 None (open noie)
Screen-Perforation Dia 5. In 10 ft. Dia in 10 ft. Dia in 10 ft. Screen-Perforated Intervals: From 2 ft. to 9 ft. From 15. In 10				• •		'
Screen-Perforated Intervals: From. 2/ ft. to 9/ ft. From. ft. to 1. ft. From. ft. ft. ft. From. ft. to 1. ft. From. ft. ft. ft. ft. ft. ft. ft. ft. ft. ft					* * * * * * * * * * * * * * * * * * * *	
From ft. to ft. From ft. Trans	1.			,		
Gravel Pack Intervals: From ft. to ft. From ft. ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. f		,				
GROUT MATERIAL:  Grouted Intervals: From  Fig. From  Grouted Intervals: From  Fig. From  Grouted Intervals: From  Fig. Fr	Gravel Pack Intervals:	, <b>.</b>				
Grouted Intervals: From ft. to ft., From ft. to ft. From ft. From ft. to ft. From ft		From	ft. to	ft., From	n ft.	to ft.
What is the nearest source of possible contamination:  10 Fuel storage 14 Abandoned water well 25 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy, 9 Livestock pens 13 Waterlight sewer lines Direction from well West Thow many feet 9 Vater Well Disinfected? Yes No Was a chemical/bacteriological sample submitted to Department? Yes was submitted Was united Was unit	5 GROUT MATERIAL:	Reat cement	2 Cement grout	3 Bentonite	4 Other	
Spitic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below)  3 Lateral lines 6 Pit privy, 9 Livestock pens 13 Water Well Disnifected? Yes No It yes, date sample was submitted to Department? Yes No It yes, date sample was submitted month day year Pump Installed? Yes No It yes, date sample was submitted month day. year Pump Installed? Yes No No It yes, date sample was submitted month day. Year Pump Scapacity rated at Centrifugal 5 Reciprocating 6 Other Cype of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other month day year Well Contractor's License No Year under my jurisdiction and was completed on month day year well was provided and the best of my knowledge and belief. Kansas Water Well Contractor's License No Jet Well Contractor Contract No Lithologic Lock Lit			EEN. ft., From	ft. to	ft., From	ft. to
2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines Direction from well		•			•	
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines Direction from well		,				
Direction from well.  Was a chemical/bacteriological sample submitted to Department? Yes No. If yes, date sample was submitted			,			6 Other (specify below)
Was a chemical/bacteriological sample submitted to Department? Yes						
was submitted month day year Pump Installed? Yes No Wits 1975; Pump Manufacturer's name Model No. HP Volts Depth of Pump Intake ft. Pumps Capacity rated at gal.min. Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well way 10 onstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on month day year under the business has record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/8 This Water Well Paperd was completed on by (signature) by (signature) year under the business year year year under the business year year year year year year year year	Was a chemical/bacteriologica	Nomple submitted to Dee	many feet	<b>D</b> . <b>D</b> ? W	ater Well Disinfected? Yes	No
If Yes: Pump Manufacturer's name.  Model No. HP Volts.  Depth of Pump Intake ft. Pumps Capacity rated at gal./min.  Type of pump:  1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other G CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was completed on month day 90 pugged under my jurisdiction and was completed on month day 90 year under the business of MINISTRUCTIONS:  1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other G CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was completed on month day 90 year under my jurisdiction and was year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/8  This Water Well Record was completed on month day 90 year under the business by (signature) 1 Jet 10 Jet 1	-					
Depth of Pump Intake						
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other 6 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 1 Ponstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was in completed on month day gear and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/8  This Water Well Record was completed on month day gear under the business name of WEN / NO FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG SOME SOME SOME SOME SOME SOME SOME SOME						
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3/8  This Water Wel/ Record was completed on month day year under the business of WELL'S LOCATION FROM TO LITHOLOGIC LOG TO LITHOLOGIC L	6 CONTRACTOR'S OR LAN					
This Water Well Record was completed on.    March   Control   Cont	completed on		. month	S day	80	year
Depth(s) Groundwater Encountered 1ft. 2ft. 4	and this record is true to the t	pest of my knowledge and	belief. Kansas Water W	ell Contractor's Licens	se No. 3/8	
TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG  BOX:    To						year under the business
WITH AN "X" IN SECTION  39  9Reen Shate  1	name of MENING			1.3.2		
BOX:  39 9/Charcoa/ Shaft  Charcoa/ Shaft  ELEVATION:  Depth(s) Groundwater Encountered 1			LITHOLOGI	C LOG F	ROM TO	LITHOLOGIC LOG
ELEVATION:  Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 4 ft. (Use a second sheet if needed)  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, Division of Environment, Water Well Contractors. Topeka, KS 66620. Send one to WATER WELL OWNER and		0 2	780	50.		
ELEVATION:  Depth(s) Groundwater Encountered 1	N	2 39	green	SHAIE		
ELEVATION:  Depth(s) Groundwater Encountered 1	1 1 1	39 91	Characal	Shalk		
ELEVATION:  Depth(s) Groundwater Encountered 1	NW NE -X	3, 17	murcual	UMAIL.		
ELEVATION:  Depth(s) Groundwater Encountered 1	w 1 1 1 c					
ELEVATION:  Depth(s) Groundwater Encountered 1	2 "					
ELEVATION:  Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 4 ft. (Use a second sheet if needed)  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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and	SW SE					
ELEVATION:  Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 4 ft. (Use a second sheet if needed)  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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and	<u> </u>				NAMES TO MAKE STOCK OF THE PARTY OF THE RESIDENCE OF THE PROPERTY OF THE PARTY OF T	
Depth(s) Groundwater Encountered 1					THE RESIDENCE OF THE PARTY OF T	
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, Division of Environment, Water Well Contractors, Topeka, KS 66620, Send one to WATER WELL OWNER and	ELEVATION:					
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seption of familias Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and	INSTRUCTIONS: Use typewrit	ter or ball point pen, please	press firmly and PRINT	clearly Please fill in b	lanks underline or circle the c	orrect answers. Send top three
retain one for your records.	retain one for your records.	n risalui anu Environment, l	Division of Environment, \	valer vveil Contractors,	, Topeka, NS 66620. Send one	TO WATER WELL OWNER and