WAIL	K WELL	RECORD	rorm w	WC-5	Division of	Water Rese	ources; App. No.	
1 LOCA	ATION OF	WATER WELL:	Fraction	10 1/ NW 1/	Section	Number	Township Number T 26s S g System (decimal decimal)	Range Number
Dictance	and direction	n from nearest town	or city street ad	dress of well	f Clobal I	l 4 Position in	G System (decimal de	grass min of 4 digits)
located w	ithin city?	ii iioiii iicarest towii	of the street au	uiess of well i	Latitud	o. Ostrinistii	g system (decimal de	grees, min. or 4 digits)
121 Kodi					Lancita	ıqe. 		
		OWNER: Mike F	arrell	•	Elevati	on		
		Box # : 10030			Datum:	OII.	· · · · · · · · · · · · · · · · · · ·	
City	State ZIP C	ode : Valley	Center Ks 6714	7			Method:	
3 100	ATF WELL	'S 4 DEPTH OF	COMPLETE!	WELL 114	1 Data C	OHECCION 1	ft.	
	ATON	Jo Jo Del III OI	COMILETE	, WELL <u>110</u>			1	
		N Danth(a) Cnave	devetes Essesset			A 2	Δ 2	Δ
i	I AN "X" I	Depth(s) Groun	idwater Encount	ered i		π. 2	ft. 3	π.
SECT	TON BOX:	WELL'S STA	TIC WATER LE	VEL 21	ft. below	land surfa	ace measured on mo/	day/yr
	N	Pum	test data: Wel	l water was		ft. after	hours pump	oing gpm
		Est. Yield 11	gpm: Wel	l water was		ft. after	hours pump	oing gpm
⊢N.	ÿ		R TO BE USED	AS: 5 Public	water sup	ply 8 Ai	ir conditioning 11	Injection well
	^   T	1 Domestic 3	Feed lot 6 Oi	l field water	upply	9 Dew	ratering 12 Ot	her (Specify below)
W   1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Specify below 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well								
SW + SE - Was a shaminal/hactorial acidal comple submitted to Department? Was - No. 15 years and devices								
Was a chemical/bacteriological sample submitted to Department? Yes No x; If yes, mo/day/yrs  Sample was submitted Water Well Disinfected? Yes x No								
	S	Sample was su	omitted			water W	ell Disinfected? Ye	s x No
5 TYPE	OF CASI	NG USED: 5	Wrought Iron	8 Coi	crete tile	CAS	ING JOINTS: Glued	d x Clamped
1 St	eel	3 RMP (SR) 6	Asbestos-Ceme	nt 9 Oth	er (specify	below)	Weld	ed
(2) PI	IC	4 ARS 7	Fiberalass	, ,	or (speem)	o <b>c</b> ,	Three	ided
Plank	ina diamata	r E in to	24 A D			Δ	Dia in	to A
Gain tas	ing diamete	1 5 III. to	30 It., D	a	111. 10	II.	, Dia	1. 10
PVC 4 ABS 7 Fiberglass Threaded Blank casing diameter 5 in. to 36 ft., Dia in. to ft., Dia in. to ft. Casing height above land surface 12 in., Weight 2.40 lbs./ft. Wall thickness or gauge No. 160psi								
TYPE OF SCREEN OR PERFORATION MATERIAL:								
1 Steel 3 Stainless steel 5 Fiberglass (7) PVC 9 ABS 11 Other (specify)								
1 Steel 3 Stainless steel 5 Fiberglass 7 PVC 9 ABS 11 Other (specify)  2 Brass 4 Galvanized steel 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:								
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot 5 Guaze 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)  SCREEN-PERFORATED INTERVALS: From 36 ft. to 116 ft. From ft. to ft.  From ft. to ft. From ft. to ft.  GRAVEL PACK INTERVALS: From 21 ft. to 116 ft. From ft. to ft.  From ft. to ft. From ft. to ft.								
SCREEN DEPENDATED INTERVALS. From 36 4 to 116 4 From 4 to 4								
SCREEN	-FERFORA	TED INTERVALS.	FIOR	30 11. 10	110	II. FI	OIII	to n.
			From	n. to		n. Fr	om n.	to n.
GH	RAVEL PAG	CK INTERVALS:	From	21 ft. to	116	ft. Fr	om ft.	to ft.
			From	ft. to		ft. Fr	om ft.	to ft.
6 GRO	UT MATE	RIAL: 1 Neat cen	nent 2 Cement	grout (3)8	entonite	4 Other	•	
Grout Inte	ervale F	rom 3 ft to	21 A Fro	m	ft to	A Other	From	ft to ft
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals From 3 ft. to 21 ft. From ft. to ft. From ft. to ft.								
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 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)								
	ver lines	5 Cess pool	8 Sewage la				andoned water well	below)
(3) Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/ gas well Direction from well? East 12 How many feet? 12								
Direction	from well?	East		How m	any feet?	12		
FROM	ТО	LITHOI	LOGIC LOG	FR	OM TO		PLUGGING INT	ERVALS
0	1	Top soil						······································
1	15	Clay						· · · · · · · · · · · · · · · · · · ·
15	22	Fine/med sand						
22	50	Clay						
50	116	Shale						
						-		
			*****					
7 CONT	RACTOR'	S OR LANDOWN	ER'S CERTIFI	CATION: T	nis water we	Il was(1) c	onstructed, (2) reconstr	ucted, or (3) plugged
under my jurisdiction and was completed on (mo/day/year)  8-20-07 and this record is true to the best of my knowledge and belief.								
		tractor's License No.					d on (mo/day/year)	
under the b	ousiness name	of Weninger Dril			gnature)			
INSTRUCTIONS: Please fill in blanks 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	s. Fee of \$5.00	for each constructed wel	<ol> <li>Visit us at http://v</li> </ol>	www.kdheks.gov	waterwell.			