WATER WELL RECORD NE Sw NW SW Form WWC-5 Division of Water Resources; App. No.	EAST
1 LOCATION OF WATER WELL:   Fraction Of a Section Number   Township Number   I	Range Number R
County: The County of the Coun	
located within city?	
2 WATER WELL OWNER: mg marker   Longitude: Elevation:	
RR#, St. Address, Box # : 2 3 3 0 Time Que Charles	
City, State, Zir Code Wicket Ro 672 L Data Collection Method:	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL	
LOCATION WITH AN "X" IN SECTION BOX:  N  Pump test data: Well water was.  Est. Yieldgpm: Well water was.  Depth(s) Groundwater Encountered (1)ft. (2)ft. (3)ft. below land surface measured on mo/day/yr.  Pump test data: Well water was.  Est. Yieldgpm: Well water was.  ft. afterhours pumping	gpm gpm
	(Specify below)
Was a chemical/bacteriological sample submitted to Department? Yes No If you was submitted	yes, mo/day/yrs
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedX	
PVC 4 ABS 7 Fiberglass Threaded  Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to	toft.
Casing height above land surface	60
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless Steel 5 Fiberglass 7PVC 9 ABS 11 Other (Specify)	
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open ho	
SCREEN OR PERFORATION OPENINGS ARE:	
1 Continuous slot 3 Mill slot 5 Gauzed 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	ft.
From ft. to ft., From ft. to	
GRAVEL PACK INTERVALS: From	
7.4.6	
6 GROUT MATERIAL: 1 Neat cement 2 tement grout 3 Bentonite 4 Other Grout Intervals: From	
What is the nearest source of possible contamination:	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well	Other (specify below)
	37AT C
	VALS
9 19 Fine Lon Sont	
19 36 Course ten Sont	
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)	edge and belief.
under the business name of Osarlan Lump & Well (signature)	ach
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS PRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct hree copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666	
I three copies to Isanoas Department of French and Environment, Dureau of Traces, Occion, Beetich, 1000 5 to Jackson St., Suite 720, Topoka, Kansas Oot	012-1307 (Electroniane