	DI	O						<u></u>		
WATER	R WELI	L REC	CORD	Form WW	C-5	Division of V	Water 1	Resources; App. No.		
1 LOCATION OF WATER WELL:				Fraction		Section Number Township Number Range Number			Range Number	
	y: Sedo			SE 1/45W 1/4	NN 1/4	35		T Z (S	R / EW	
Distar	rection	from nearest town or ci	Global Positioning Systems (decimal degrees, min. of 4 digits)							
located within city?						Latitude:				
5W of Kack offices						Longitude:				
2 WAT	ER WEI	LL OW	VNER: Kod - 614	Hed Findus	tner	Flevation:				
RR#,	St. Addre	ess, Bo	x# : 100 - 017	SCK Trans	•	Datum:				
City, State, ZIP Code						Data Collection Method:				
RR#, St. Address, Box # : 4111 6. 37 = 54. Nor ** City, State, ZIP Code : 4111 6. 37 = 54. Nor ** 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL						Y f				
1		LLS	DEITH OF COM	I LETED WELL.	·····	0	Il.			
WITH AN "X" IN Depth(s) Groundwater Encountered (1)ft. (2)										
1	SECTION BOX: WELL'S STATIC WATER LEVEL3.5.2. ft. beld							measured on moldow		
SECI	N	Λ.		Pump test data: Well water wasft. after hours pumping gpm						
	- 1 - 1 -		Fet Vield gnn	n. Well water was	• • • • • • • • • • • • • • • • • • • •	ft after	•••••	hours pumping	gpiii gpm	
Est. Yieldgpm: Well water wasft. afterhours pumpir WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11								anditioning 11 Inje	ection well	
1 Domostic 2 Foodlot 6 Oil field wester symply 0 Dowestowing 12 Other (Creekfy									er (Specify below)	
W	++	E		dustrial 7 Dome	estic (lawn	& garden) $\sqrt{0}$	Monit	toring well		
'	'		2 miguion 4 me	addition / Donne	Stic (lawii	ce gurden)	.viOiii	toring wen	••••••	
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/y									If ves mo/day/yrs	
Sample was submitted										
Sample was submitted										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped										
			D(CD) 5 Wrought	Compant 0.Ot		CAS	SING			
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded										
PVC 4 ABS 7 Fiberglass Threaded										
Blank casing diameter in. to Zo ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. 40										
						.108./11. wan	unck	iless of guage No	······································	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 VC 9 ABS 11 Other (Specify)										
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)										
SCREEN OR PERFORATION OPENINGS ARE:										
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										
From										
GRAVEL PACK INTERVALS: From Zo. ft. to ZZ ft., From ft. to ft.										
From										
II.										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Pentonite 4 Other										
Grout Int	ervals:	Fro	mQ ft. to	.20 ft., From .		. ft. to	ft.,	From	ft. toft.	
What is the nearest source of possible contamination:										
	Septic tank		4 Lateral lines		10 Livest	tock pens 13	3 Inse	cticide Storage	16 Other (specify	
	Sewer line		5 Cess pool	8 Sewage lagoon	11 Fuel s	_		ndoned water well	below)	
			lines 6 Seepage pit					0		
		11?								
FROM	TO		LITHOLOGIC		FROM	1 TO		PLUGGING INTE	RVALS	
0		Clay	y, 7.54R6, m+1	ted, plastic,						
		MAG	(,	., ,						
11	20'	Sand	1 & Clay, most							
20	25'		I + clay, bet							
			,							
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) 10.7.5.7.0.8 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No										
Kansas W	Vater Wel	l Contr	actor's License No	0.0.4 This Wat	er Well Re	cord was comply	eted o	on (mo/day/year)	-5-09	
under the	business	name o	of Environmental Prior	orato Service !	Inc b	y (signature)	773	SMIT	•	
INSTRUC	TIONS: Us	se typew:	riter or ball point pen. PLEA	<i>ASE PRESS FIRMLY</i> an	d <i>PRINT</i> clea	rly. Please fill in bl	lanks, 1	underline or circle the cor	rect 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 constructed well. Visit us at										
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.										