WATER WEL	L RECORD	Form WW	/C-5	Div	ision of Wate	r Resources App. N		
1 LOCATION OF WATER WELL: County: SEDGWICK		Fraction 1/4 SE 1/4 SE 1/4 SW 1/4		Section Number Township No. Range Number				
from nearest to	Street/Rural Address of Well Location; if unknown, distance & direction from nearest town or intersection: If at owner's address, check here				Global Positioning System (GPS) information: Latitude:37: .753.34.3			
2 WATER WE RR#, Street A City, State, ZI	ddress, Box #: 6111 BC	ON EMC (BR1Y-RI DLLINGER CANYON MON, CA 94583	Datum: ✓ WGS 84, □ NAD 83, □ NAD 27 Collection Method: □ GPS unit (Make/Model:) ✓ Digital Map/Photo, □ Topographic Map, □ Land Survey Est. Accuracy: □ <3 m, □ 3-5 m, ✓ 5-15 m, □ >15 m					
WITH AN "X" SECTION BOX N WNWNESWSE	A DEPTH OF CONTROL OF		1)ft. wasft wasft Public wate il field wate omestic-law submitted to	ft. below laftft. t., and er supply r supply n & gare Departn	(2) and surface r after afterin. Ge De den Monent?	measured on mo/d hours pum to othermal	ay/yrgpm upinggpm .ft. Injection well Othe r (Specify below)	
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter A in to No ft., Diameter in to ft. Casing height above land surface No ft., Weight Steel Stainless Steel PVC Other (Specify) Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole) SCREEN-PERFORATED INTERVALS: From St. ft. to No ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft. From ft. to ft., From ft. to ft. From ft. to ft.								
Grout Intervals: What is the neare: Septic tan Sewer line: Watertigh Direction from FROM TO D I' I' I' 16'	st source of possible contact k	ent	✓ Bentor	ens [corage [Other ft., Insecticide Abandonec Oil well/ga	From Otl	ft. toft. her (specify below)	
20' 28' 28' 32'	STLT WITH SOME SHALE	CLAY/SAND/CRANCO	+3'	- a'	4" X4" WELL F		COMPLETEDN	
under my jurisdic Kansas Water We	PR'S OR LANDOWNEI tion and was completed o ell Contractor's License N s name ofROBERTS.	n (mo/day/year) /.ネ/ . lo7.88 This W	.// <i>./.0</i> ar ater Well R	d this re	as 🛛 constr cord is true as complete	to the best of my l	ructed, or plugged knowledge and belief.	
INSTRUCTIONS: 1 (white, blue, pink) to Telephone 785-296-5	Jse typewriter or ball point per Kansas Department of Health 522. Send one copy to WAT w/waterwell/index.html.	and Environment, Bureau of	and <u>PRINT</u> cle f Water, Geolo	arly. Plea	se fill in blank n, 1000 SW Ja	s and check the corrections St., Suite 420,	ct answers. Send three copies Topeka, Kansas 66612-1367.	
KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy								