COCATION OF WATER WELL   Set NE 1, NE 1, Section Namber   Township Number   Townsh	Licon	ON OF WA	TED WELL		ER WELL RECORD	Form WWC-5	KSA 82a-		- Nhark-c	Dec N	mber
Listens and direction from measest town or only steels address of wall if located within city?    Silat No.   Seneca   Wichita, Kansas	4			0.77	, NE , NE			1 6	_	I ~ 1 m	
WATER WELL CAMER PROTECT CONSTRUCTION  WATER WELL CAMER PROTECT CONSTRUCTION  WATER SANDY PROTECTION OF SA					7 7				- 5	1 7	E/VV
WATER WELL OWNER: Part of to Construction  ### St. Advans, box * 414 W. 43*Cl No.  ### St. Advans, box * 414*Cl No.  ### St. Advans, box * 414*Cl No.  ### St. Advans, box * 414*Cl No.  ### St. Advans, box *	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and an obtion		-	t7.1 - 1. d	-	as				
R. St. Address, Box #   414 W. 4.37d No.   Southern Service   Southe	WATE	R WELL OW				,					
y, Satte, 2P Code Michael Section Number: COOPTRACTED WELL 45 1t. ELEVATION: AN X' IN SECTION BOX: DEPTH OF COMPLETED WELL 45 1t. ELEVATION: n. 3 1t. 2	•							Board o	of Agriculture.	Division of Water	Resource
LOCATE WELL'S LOCATION WITH A DEPTH OF COMPLETED WELL 45 . ft. ELEVATION Depth(s) Glorundwer Encountered 1. 15 . ft. 2 . ft. below land surface measured on moday? 7-14-83 . ft. percent of the percent o											
Depth(s) Gorundwater Encountered 1, 15, ft. 2b. data surface measured on modayly 7-14-83.  The LEL'S STATIC WATER LEVEL. 15, ft. below that surface measured on modayly 7-14-83.  Furnity that the control of the contro						45	# ELEV/AT				
WELL'S STATIC WATER LEVEL . 15. ft. below land surface measured on modayyr . 7–14-83.  Pump test data: Well water was ft. after hours pumping . gp go go for the planned of the pumping . 15 ft. after hours pumping . gp go go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go for the planned . 11. in. to . to . to . ft. fter hours pumping . gp go for . g	AN "X"	IN SECTIO	N BOX:								
Pump test data: Well water was t. ft. after hours pumping gp Eat. Visid gpm: Well water was t. ft. after hours pumping gp Eat. Visid gpm: Well water was t. ft. after hours pumping gp Eat. Visid gpm: Well water was t. ft. after hours pumping gp Eat. Visid gpm: Well water supply 8 A rocorditioning 11 into to the Well LWATER TO BE USED AS: 5 Public water supply 9 Devatoring 12 Other (Specify below) 2 Pumping 12 Deve Mell Vision 12 Devatoring 12 Other (Specify below) 2 Pumping 12 Deve Vision 13 Deve Vision 14 Pumping 14 Pumping 15 Devatoring 15 D		1									
Best Need and services and serv	1 1	i	;	1							
Bore Note Claimeter 11 in. to	-	NW	NE -	1	•						
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1. Domestic. 3 Feedor 6. Oil field water supply 9 Dewatering 12 Other (Specify below) was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited was a chemical bacteriological sample submitted to Department? Yes No., X., if yes, moldayly's sample was sumited to Department? Yes No., X., if yes, moldayly's sample was sumited. Department? Yes. X. No moldayly sample was sumited. Department of Honor Marchail sample was sumited. Department? Yes. X. No moldayly sample was sumited. Department of Honor Marchail. The Control of the Carnel Specific Poles of the Carnel Specific Poles of the Carnel Specific Poles of the No. of the Carnel Specific Poles of the No. of t	<u> </u>	!	' '								
1	₹ w h	<del></del>	E	1							
TryPE OF BLANK CASING USED:  Steel 3 RIMP (SR) 1 Steel 3 RIMP (SR) 2 Fire Grant Steel 2 Fire Grant Steel Ste	-	i .							ū	•	elow)
Was a chemical/bacteriological sample submitted to Department? Ves	-	SW	SE	=====	=			•			•
TYPE OF BLANK CASING USED: 1 Sized 3 RMP (SR) 2 PVC 4 ABS		!		1			•				
TYPE OF BLANK CASING USED:  5 Wought iron 6 Abestor-Cement 9 Other (specify below) 1 Other (specify) 1					/bacteriological sample st	abrillated to be	•		•		ne was su
1 Sheel 3 RMP (SR) 6 Asbesto-Cement 7 Fiberglass 7 Fiberglass 7 Fiberglass 7 Fiberglass 8 RMP (SR) 1 Loans Into 1 the sing height above land surface 12 ln., weight 1, 59 lbs./ft. Wall thickness or gauge No. 203 PEO F OF SCREEN OR PERFORATION MATERIAL: 7 FVC 10 Asbestos-cement 1 Sheel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 Ass 11 None used (open hole) 1 None used (open hole) 1 Sheel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 1 None used (open hole) 1 None (open hole) 2 None used (open hole) 2 None used (open hole) 3 None used (open hole) 3 None used (open hole) 4 None (open hole) 5 None used (open hole) 5 None used (open hole) 1 None (open hole) 1 None (open hole) 2 None used (open hole) 3 None used (open hole) 3 None used (open hole) 3 None used (open hole) 4 None (open hole) 5 None used (open hole) 5 None used (open hole) 1 None (open hole) 1 None (open hole) 1 None (open hole) 2 None used (open hole) 3 None (open hole) 3 None (open hole) 3 None (open hole) 5 None used (open hole) 5 None used (open hole) 1 None (open hole) 1 None (open hole) 1 None (open hole) 1 None (open hole) 2 None (open hole) 3 None (open hole) 1 None (open hole) 1 None (open hole) 1 None (open hole) 2 None (open hole) 3 None (open hole) 1 None (open hole) 2 None (open hole) 3 None (open hole) 4 None (	TYPE (	OF BLANK	CASING LISED:	Imited	5 Wrought iron	8 Concre					
ink casing diameter 5 in. to 25 ft., Dia				R)	•						
ink casing diameter 5 in. to 25 ft., Dia			4 ARS	===		•		•			
sing height above land surface. 12. in., weight 1.59 ibs./ft. Wall thickness or gauge No. 203.  PEC OF SCREEN OR PERFORATION MATERIAL: 7 PVC 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)					•						
Scheel   3 Stainless steel   5 Fiberglass   6 RMP (SR)   11 Other (specify)   12 None used (open hole)   2 Brass   4 Galvanized steel   6 Concrete tile   9 \( \frac{\text{MSEN}}{\text{MSEN}} \)   12 None used (open hole)   13 None used (open hole)   14 None used (open hole)   15 None used											
1 Steel 3 Stainless steel 6 Goncrete tile 9 \$\overline{ABS}\$ 12 None used (open hole)   REEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 \$\overline{ABS}\$ ut 11 None (open hole)   1 Continuous slot 3 Mill slot 6 Wire wrapped 9 \$\overline{DEMS}\$ and this record shutter 4 Key punched 7 Torch cut 10 Other (specify)   REEN-PERFORATED INTERVALS: From 2.5 ft. to 4.5 ft. From ft. to f. From ft. to ft. From ft. From ft. To ft. From ft. To ft. From ft. From ft. To ft. From ft. From ft. To ft. From ft.					· ·····, weight · · · · · 1 • · · · · · · · ·						
2 Brass					5 Fiberglass						
REEN OR PERFORATION OPENINGS ARE:   5 Gauzed wrapped   8 Saw cut   11 None (open hole)   1 Continuous sid   3 Mill slot   6 Wire wrapped   9 Torich cut   10 Other (specify)											
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Uouvred shutter 4 Key punched 7 Torch cut 10 Other (specify)							•		10110 1000 (0)	,	hole)
2   Louvered shutter   4   Key punched   7   Torch cut   10   Other (specify)	_					• •			es.		,,
REEN-PERFORATED INTERVALS: From. 25 ft. to 45 ft., From ft. to	2 Lo	uvered shut	ter 4 K	ev punched							
From ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft. from ft. ft. ft. from ft. ft. ft. from ft. ft. from ft. ft. ft. from ft. ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft.	SCREEN-	PERFORAT		• •	. 25 ft. to	45					
GRAVEL PACK INTERVALS: From											
From ft. to ft., From ft., ft., ft., From ft., ft., ft., From ft., ft., ft., ft., ft., ft., ft., ft.,	(	GRAVEL PA	CK INTERVALS:								
GROUT MATERIAL:  1 Neat cement  2 Cement grout  3 Bentonite  4 Other  1. t. to t. to 14. t. t. from t. to t. from t. t. t. from t. t. from t. t. from t. t. t. from t. t. from t											ft
at is the nearest source of possible contamination:  1 Septic tank: 4 Lateral lines 7 Pit privy 1 Sewer lines 5 Cess pool 8 Sewage lagoon 1 Sertilizer storage 15 Oil well/Clas well 2 Sewer lines 6 Seepage pit 9 Feedyard 1 Seed lines 8 Seepage pit 9 Feedyard 1 Seepage 9	GROUT	MATERIAL	.: 1 Neat of	cement	2 Cement grout	3 Bentor	nite 4 (	Other			
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2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage None Apparent	What is th	e nearest so	ource of possible	contamination:			10 Livest	ock pens	14 A	bandoned water	well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage None Apparent	1 Se	ptic tank	4 Later	ral lines	7 Pit privy		11 Fuels	torage	15 C	il well/Gas well	
How many feet?  How many feet?  How many feet?  How many feet?  LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOGIC LOG  LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOGIC LOG  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and wa mpleted on (mo/day/year) .7-14-83 and this record is true to the best of my knowledge and helief. Kansa ter Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) and this record is true to the best of my knowledge and helief. Kansa ter Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) and this record is true to the best of my knowledge and helief. Kansas ter Well Contractor's License No. 236 This Water Well Record was completed on (mo/day/yr) by (signature)  TSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or cycle the correct answers. Send to see copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS-66620. Send one to WATER WELL	2 Se	wer lines	5 Cess	pool	8 Sewage lago	on	12 Fertiliz	zer storage	16 C	other (specify belo	ow)
ROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG  0 3 Topsoil 3 11 c / Clay 11 20 07 Fine Sand 20 45 08 Medium Sand  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we impleted on (mo/day/year). 7-14-83.  and this record is true to the best of my knowledge and legief. Kansater Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day/yr).  Bett Well Contractor's License No. 236. This Water Well Record was completed on (mo/day	3 W	atertight sew	er lines 6 Seep	age pit	9 Feedyard		13 Insecti	icide storage	None A	pparent	
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der the business name of Harp Well & Pump Service, Inc. by (signature)  STRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to see copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WEL	ompleted	on (mo/day	/year)7 - 1.4 - 8	83			and this recor	d is true to the	best of my kn	owledge and beli	ef. Kansa
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ee copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS-66620. Send one to WATER WEL VNER and retain one for your records.	NSTRUC'	TIONS: Use	typewriter or ball	point pen, PLEA	ŠE PRESS FIŘMLY and	<b>PRINT</b> clearly	. Please fill in	blanks, underl	line or circle the	e correct answers	s. Send to
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