			TER WELL RECO	ORD Form W	WC-5		a-1212 ID	No	Numero	Dance Number	
1 LOCATION OF WATER WELL: Fraction						tion Number	Township		Range Number		
County:	Sedgw	ick	SE ¼			NE	3	т 27	S	<u>R 1 (E)</u> W	
Distance and direction from nearest town or city street address of well if located within city?											
			<u>)r., Wichi</u>	ta, KS.	672	10					
2 WATER	WELL OW		ce Boyden								
· ·	ddress, Box	(# : 260	)1 N. Hill		-				•	Division of Water Resources	
City, State,	ZIP Code	: Wio	hita, Ks.	67210		6		Applicatio	n Number:		
			4 DEPTH OF C	OMPLETED WEL	L	<u>المجامعاً</u>	t; ft. ELEVA	ATION:			
AN "X" IN SECTION BOX: N U Depth(s) Groundwater Encountered U Depth(s) Groundwater En											
	<u> </u>		WELL'S STATIC	WATER LEVEL	7. <b>H</b> .J.	ft. belo	w land surfac	e measured on r	no/day/yr		
Pump test data: Well water was ft. after hours pumping gpm											
NWNE Est. Yield											
Bore Hole Diameter											
₩ E WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)									Other (Specify below)		
SWSE 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yrs sample was sub											
	S	· · · · · · · · · · · · · · · · · · ·	mitted	-				r Well Disinfecte	ed? Yes	(No )	
5 TYPE C	OF BLANK (	CASING USED:	-	5 Wrought iron		8 Concre	ete tile	CASING	JOINTS: Glu	ed Clamped	
1 Stee		3 RMP (SI	R) (F	6 Asbestos-Cem	ent		(specify belo			ded	
2 PVC		4 ABS	c	7 Fiberglass				<i> </i>	Thre	eadedXSDR 13	
Blank cas	ing diamete	r(.3.1)	in. jo	π., Dia .		in	. to	ft., Dia .		In. to	
Blank casing diameter . 7.376											
1			ION MATERIAL:			( PV)			sbestos-cen		
1 Stee		3 Stainles	s steel	5 Fiberglass				11 C	ther (specify	)	
							12 N	lone used (o	pen hole)		
SCREEN	OR PERF	ORATION OPE				wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes											
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft.											
SUREEN-PERFURATED INTERVALS. FIOID											
From.         ft. to         ft., From         ft. to         ft.           GRAVEL PACK INTERVALS:         From.         ft. to         ft., From         ft., From         ft.											
GRAVEL PACK INTERVALS: From											
6 GROUT MATERIAL:       1 Neat cement       2 Cement grout       3 Bentonite       4 Other         Grout Intervals:       From       From      ft., From      ft. to											
What is the nearest source of possible c 1 Septic tank 4 Lateral lin								Fuel storage 15 Oil well/Gas well			
1				7 Pit privy							
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								Other (specify below)			
1	-		ALL GIMVII	LINVILA				· · · · · · · · · · · · · · · · · · ·		•••••	
	from well?	AUHHOTE	71 AUTH	-DUVINER	21	50014		iny feet?			
FROM 0	то <b>3</b>		LITHOLOGIC LO k brn cla			FROM	то	F	LUGGING	NIERVALS	
<u> </u>	<u> </u>				_						
		-	lay, firm	-							
3	6		y, few rt	. Irag.,	dant	<b>'</b> ,					
			no odor.								
6	15		brn-gray								
			o shale,		t						
		odor, I	irm to st	111.							
								Fl. mt.	ok'd ł	by Don Taylor	
				-							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was											
completed	l on (mo/day	/year)	n - 8 - 00				and this reco	rd is true to the	best of my k	nowledge and belief. Kansas	
		's Licence No.	· · · · · 🗗 ງA · · · ·	This Wat	er Well	Record wa	as completed	on (mo/da <u>v/yr</u> )	7.=	5-00	
	business na						by (s	ignature)	and a li	(YSinher)	
		UD	Environme	WYerd ODWE				<u> </u>	top three conies	to Kansas Department of Health and	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers bend top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.											
	Sin, Dureau or W	ator, ropera, railsas	200E0 0001. 10/00/10/10					-	_		

(5)