		orm WWC-5 KS	A 82a-1212 ID N		
1 LOCATION OF WATER WELL:	Fraction SW SW S	E SE 14	Section Number	Township Number T S	Range Number
Distance and direction from nearest town or city street address of well if located within city?					
WATER WELL OWNER: EVA	M. Grave Es	tate Ken	Stewart	Executor 6:	Hond & Hoves
RR#, St. Address, Box # : 30/ N	Main, 1300 ET	ric conter	J/ C= V = 1,		Division of Water Resources
City, State, ZIP Code : Wichit	4, KS. 6720	Z		Application Number	
3 LOCATE WELL'S LOCATION WITH 4	_			ATION:	
	Depth(s) Groundwater En WELL'S STATIC WATER			t. 2 ft. ce measured on mo/day/yr	3π.
	Pump test dat	a: Well water was	ft.	after hours	pumping gpm
N/M N/E	Est. Yield gpi WELL WATER TO BE US		ft. water supply		pumping gpm Injection well
	1 Domestic 3 Fe		d water supply	9 Dewatering 12	Other (Specify below)
W E	2 Irrigation 4 Ind	ustriai 7 Domes	suc (lawn & garden)	To Monitoring well	
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub-					
mitted Water Well Disinfected? Yes No					
S 5 TYPE OF BLANK CASING USED:	5 Wroug	ht iron R	Concrete tile	CASING IOINTS: GI	ued Clamped
Steel 3 RMP (SR)	•		Other (specify below		elded
2 PVC Blank casing diameter4 ABS	7 Fiberg				readed
Casing height above land surface					
TYPE OF SCREEN OR PERFORATION		olgiit	7 PVC	10 Asbestos-Ce	-
1 Steel 3 Stainless 3 Rass 4 Galvanize	•	5 Fiberglass 8 R 6 Concrete tile 9 A		11 Other (Spec 12 None used (ify)
2 Brass 4 Galvanize SCREEN OR PERFORATION OPENING		5 Guazed wra		8 Saw cut	11 None (open hole)
1 Continuous slot 3 Mill slot 6			ed	9 Drilled holes	, ,
2 Louvered shutter 4 Key	y punched	7 Torch cut		10 Other (specify)	ft.
SCREEN-PERFORATED INTERVALS:					toft.
GRAVEL PACK INTERVALS:	From	ft. to	ft., From	ı ft.	toft.
	From	ft. to	ft., From) ft.	toft.
6 GROUT MATERIAL: 1 Neat	cement 2 Cen				
		From			ft. to ft.
What is the nearest source of possible c 1 Septic tank 4 Latera		7 Pit privy	10 Lives	•	Abandoned water well Oil well/Gas well
2) Sewer lines 5 Cess p		8 Sewage lagoon			Other (specify below)
3 Watertight sewer lines 6 Seepage pit		9 Feedyard		13 Insecticide storage	
Direction from well?	LITHOLOGIC LOG		OM TO	·	INTERVALS
FROM TO Cemer			OIVI 10	FEOGGING	INTERVALO
75 5 60.00					
7					
ONTRACTOR'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)					
					22/03
under the business name of TR 5. by (signature) During Landler					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct 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					
INSTRUCTIONS: Use typewriter or ball point pen.	PLEASE PRESS FIRMLY and PI	RINT clearly. Please fill in bl.	anks, underline or circle the	e correct answers. Send top three cop	ities to Kansas Department of Health