LOCATION OF WATER WELL: Fraction County: Speid Aufect: Fraction County: Speid Aufect: Fraction County: Speid Aufect: Fraction	WAT	ER WELI	REC	CORD	Form W	WC-5	D	ivision o	of Water	Resources;	App. No.		
Distance and direction from negarest lown or city street address of well if located within city? CAT 50T 14.06 1					Fraction								
Longitude: Lon	Di	stance and di	rection	from nearest town or c	ity street address	s of well if							
Longitude: Lon	located within city? QT 357 C Latitude:										-		
Elevation: RRs. St. Address, Box # : Do Box 54715 Data Collection Method: Tulsa, OFT-H0F-3475 Data Collection Method: No. Data Collection Method: WIFH AN "X" IN SECTION BOX: WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. WELL'S STATIC WAIRE LEVEL. ft. below land surface measured on modalyyr. By Surface was demicial bacteriological sample will waire vas surface measured on modalyyr. Water vell distincted claws a factor of the modal waire was surface measured on modalyyr. Water vell distincted claws a factor of the modal waire was surface. ft. moda	1406 Ni Waco, witchitaiks							Longitude:					
CASTOR WELL'S AND CONTRACTORS OR LANDOWNER'S CERTIFICATION. J. LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N. Depth(s) Groundwater fincountered (1)	2 W	WATER WELL OWNER: Quiktry Corporation						Elevation:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BON: WITH	R							Datum:					
WITH AN "X" IN SECTION BOX: WILL'S STATIC WATER LEVEL	Data Conection Method:												
SECTION BOX: NETION BOX: NETI			LL'S	4 DEPTH OF COM	PLETED WEI	L 20	•••••	•••••	ft.		M	N-9	
SECTION BOX: N Pump test data: Well water was fi. after hours pumping. gpm Est. Yield gpm: Well water was fi. after hours pumping. gpm Est. Yield gpm: Well water was fi. after hours pumping. gpm Est. Yield gpm: Well water was fi. after hours pumping. gpm Est. Yield gpm: Well water was fi. after hours pumping. gpm 1 Domessic 3 Foedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domessic (lawn & garden) 10 Monitoring well 1 Domessic 3 Foedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domessic (lawn & garden) 10 Monitoring well 2 Irrigation 4 Industrial 7 Domessic (lawn & garden) 10 Monitoring well 3 Sample was submitted. Water well disinfected? Yes No No (If yes, mo/day/yrs Sample was submitted to Department? Yes No (No No N			, IN	IN Donth(s) Groundwater Encountered (1) # (2) # (2)									
Pump test data: Well water was fi. after hours pumping gpm Well water was fill was f													
WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) Service of the property													
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 submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No; If yes, mo/day/yrs No				Est. Yieldgpm: Well water wasft. afterhours pumpinggpm									
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Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No 5 TYPE OF CASING USED: 5 Wrought Iron	w L		E										
Sample was submitted. Water well disinfected? Yes. No. If yes, mo/day/yrs Sample was submitted. Water well disinfected? Yes. No. If yes, mo/day/yrs Water well disinfected? Yes. No. If yes, mo/day/yrs Water well disinfected? Yes. No. If yes, mo/day/yrs Water well disinfected? Yes. No. If yes, mo/day/yrs Water well disinfected? Yes. No. If yes, mo/day/yrs Water well disinfected? Water w		1 1											
Sample was submitted				Was a chemical/bacteriological sample submitted to Department? Yes No If yes mo/day/yrs									
STYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued		<u> N</u>	Sample was submitted										
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded.													
2 PVC 4 ABS 7 Fiberglass Threaded	5 TY	PE OF CAS	ING U						ASINC	JOINTS:	Glued	Clamped	
Blank casing diameter in. to fl. Diameter in. to fl. Diameter in. to fl. Diameter in. to fl. Casing height above land surface in. Weight beyond the complex of the complex				\ <i>\</i>	s-Cement 9	Other (specif	y belov	w)			Welded		
Casing height above land surface													
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)	Blank casing diameter												
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)													
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Guazed 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 ft. to ft., From ft., From ft. to ft., From ft., F													
1 Continuous slot 3 Mill slot 5 Guazed wrapped 8 Saw Cut 10 Other (specify) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From	2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)												
2 Louvered shutter 4 Key punched 6 Wire wrapped SSaw Cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From													
SCREEN-PERFORATED INTERVALS: From													
From	SCREEN-PERFORATED INTERVALS: From												
From ft. to ft., From ft. to ft. 6 GROUT MATERIAL: I Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ft. to ft., From ft., From ft. to ft., From ft.	From ft. to ft., From ft. to ft.												
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From													
Grout Intervals: From	From												
Grout Intervals: From	6 GF	ROUT MAT	ERIAI	: 1 Neat cement 2	Cement grout	3 Bentonite	4 Otl	her					
1 Septic tank 2 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well			Fre	om ft. to	ft., Fro	om	. ft. to		ft	., From		ft. toft.	
2 Sewer lines 3 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well	What												
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 20 3' Chip be nearly, not never to be best of my knowledge and belief. Ransas Water Well Contractor's License No. This Water Well Record was completed on morday year). This Water Well Record was completed on morday year and print feed business name of the point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill be bunks, underline or circle file correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson L. Suite 420, Topeka, Kansas 666 2-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constituted will visit us at													
Direction from well? How many feet? TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 20' 3' Chip be nearly, harded 3' 0.5 Topsol 6.5 0.5 Aspect Concrete 9.25 0 Aspect 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or Opplugged under my jurisdiction and was completed on (mo/day/year)												below)	
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 20' 3' Chip bentonth, hydrafed 3' 0.5 Topsol 6.5 0.5 Aspect Concrete 9.25 0 Aspect 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or Oplugged under my jurisdiction and was completed on (mo/day/year)	Direc							_		_		•••••	
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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)						2.0	y 3	31		ip bend			
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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)						6,2	5 8	٥	A	sphalt			
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under my jurisdiction and was completed on (mo/day/year)									·~	<u> </u>		1	
under my jurisdiction and was completed on (mo/day/year)													
under my jurisdiction and was completed on (mo/day/year)													
Kansas Water Well Contractor's License No	7 CO	NTRACTO	R'S O	R LANDOWNER'S C	ERTIFICATIO	N: This water	r well	was (1)	constr	ucted, (2) r	econstruct	ed, or 3 plugged	
under the business name of First First First 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 666/2-1367. 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													
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	three c	opies to Kansas	Departm	ent of Health and Environme	ent, Bureau of Water	r, Geology Sectio	n, 1000 S	SW Jacks	on St., S	uite 420, Top	eka, Kansas	666 1 2-13 6 7. Telephone	
					NEK and retain	one for your	records.	ree	oi \$5.0	o ior each	constructed	ı well. Visit us at	

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