| WA | ATE | R WEL | L REC | CORD SE S | w NW SE | Form WW | C-5 | Division | of Water | Resources; App. No. | |
|---|--|-----------------------------|--------------|-----------------|--------------|---------------------------|---|--|---------------|--|--------------------------|
| 1 | Coun | ity: | led | TER WELL: | | Fraction Bar /4 Sep. 1/4 | | Section Nu | | Township Number T 27 S | R 2 EW |
| | | | irection | from nearest to | wn or city | street address of | well if | Global Posi | itioning | Systems (decimal de | grees, min. of 4 digits) |
| | locat | ed within | city? | 15420 | Ca | molen (| nase | | | | |
| 2 | XX/ A | TED WE | LLOW | VNER: 10 e | 0 -1 | 2111 | | Longitude | | | |
| 2 | | , St. Addr | | X# : ICII | | rden che | se ct | Elevation: | : | | |
| | | , St. Addit , State, ZII | | | | | • | Datum: | | | |
| _ | | | | | chit | | | Data Colle | | Method: | |
| 3 | LOCATE WELL'S 4 DEPTH OF COMPLETED WELL | | | | | | | | | | |
| | | | 99 TNI | Donth(a) Grov | ındırıatan I | Emaguntaria (1 |) | Φ (| 2) | Φ (2) | 0 |
| | WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) | | | | | | | | | 7 13-00 | |
| | N Pump test data: Well water wasft. after hours pumping | | | | | | | | /yг <i></i> | | |
| | ГΤ | -т | | Est. Yield | gnm: | Well water was | • | ft after | | hours pumping hours pumping | gpiii |
| | ' | _ ' | | WELL WATE | ER TO BE | USED AS: 5 P | ublic water s | supply | 8 Air c | onditioning 11 Inj | ection well |
| w | NV | V NE | _E | 1 Domestic | 3 Feed | lot 6 Oil fi | eld water su | pply | 9 Dewa | | ther (Specify below) |
| ** | | | - - | 2 Irrigation | | | | | | itoring well | |
| | CW CF | | | | | | | | | | |
| | Was a chemical/bacteriological sample submitted to Department? Yes No Yo Yo If yes, mo/day/yrs | | | | | | | | | | |
| | Sample was submitted | | | | | | | | | | |
| s | | | | | | | | | | | |
| 5 | TYPE | E OF CAS | SING U | | Vrought Ir | | oncrete tile | (| CASING | JOINTS: Glued | Clamped |
| | 1 | Steel | 3 RMI | P(SR) 6 A | Asbestos-C | | her (specify | | | | |
| Q PVC 4 ABS 7 Fiberglass Threaded | | | | | | | | | | | |
| Blank casing diameter | | | | | | | | | | | |
| 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) | | | | | | | | | | | |
| 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) | | | | | | | | | | | |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) | | | | | | | | | | | |
| 1 Continuous slot 3 Mill slot 5 Gauzed 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 | | | | | | | | | | | |
| From ft. to ft. From ft to | | | | | | | | | | | |
| From | | | | | | | | | | | |
| From | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | UT MATI | | | | | | | | | |
| | | tervals: | Fro | | t. to | | | ft. to | ft. | , From | ft. toft. |
| WI | | | | of possible cor | | | 10.7. | | 10.7 | | 1601 6 10 |
| | | Septic tank | | | al lines 7 | | 10 Livesto | | | ecticide Storage | 16 Other (specify |
| | | Sewer line Watertight | | 5 Cess p | | Sewage lagoon Feedyard | 11 Fuel st | er Storage | | andoned water well well/gas well | below) |
| Di | | n from we | | о весра | ٠٠٠ | 25 T | How many | _ | 15 011 | 19gas Well | •••••• |
| | OM | TO | | LITHO | LOGIC I | | FROM | | | PLUGGING INT | FRVAIS |
| | Ö | 3 | | Tan is | | | TROM | | | 12000HtG Ht1 | CICVILLO |
| | | 10 | 7 | des | | | | | | | |
| 18 | 5 | 117 | a | 21/2/2 | sha | 10 | | 1 | | | |
| L | 10 | 73 | 1 | Cad O | Lalo | | | | | | |
| | 73 | 95 | 13 | Ciri I | 0/0 | le_ | | | | | |
| | | | ~ | , | | | | | | | |
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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) .3.7.2.08 and this record is true to the best of my knowledge and belief. | | | | | | | | | | | |
| Kansas Water Well Contractor's Likense No | | | | | | | | | | | |
| uno | der the | e business | name o | of (has | e k | Orilli | a by | (signature) | \mathcal{U} | Chas | |
| INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRIFT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephon | | | | | | | | | | | |
| | e copie -296-5 | | | | | | | | | uite 420, Topeka, Kansas) for each constructed | |

http://www.kdheks.gov/waterwell/index.html.