	ATER WELL RECORD Form WW	C-5 KSA 82a-1212 Section Number Township	Number Range Number
unty: Serious Y	14 S 14 W W 1/4	Section Number Township	7 s R 2 EW
ance and direction from nearest town or city stre		x? 1 1 1 1	
5-Eas1 - 4	- North of	- WicHila	
WATER WELL OWNER: Tom	evelin	lichila Kai	
*, St. Address, Box # : /p /			f Agriculture, Division of Water Resource
State, ZIP Code : (C)	0x 182110		ion Number:
OCATE WELL'S LOCATION WITH 4 DEPTH ON "X" IN SECTION BOX:	OF COMPLETED WELL	ft. ELEVATION:	ft. 3
			on mo/day/yr
_ ' ' ;	O •		hours pumping gpr
			. hours pumping gpr
W Bore Hole D	iameterin. to	ft., and	in. to
! WELL WATI		vater supply 8 Air condition	•
SW SE 1 Dome			12 Other (Specify below)
2 Irrigat			vell
was a cnem	ical/bacteriological sample submitted t	Department? YesNo Water Well Disinfe	; If yes, mo/day/yr sample was sucted? Yes $oldsymbol{\chi}$ No
YPE OF BLANK CASING USED:	5 Wrought iron 8 Co		OINTS: Glued Clamped
1 Steel 3 RMP (SR)	<u>-</u>	ner (specify below)	Welded
2)PVC 4 ABS		· · · · · · · · · · · · · · · · · · ·	
k casing diameter in, to	2.O ft., Dia in	to	in. to f
ng height above land surface/.%	in., weight	Ibs./ft. Wall thicknes	s or gauge No C.Z./
E OF SCREEN OR PERFORATION MATERIAL		PVC 10 A	sbestos-cement
1 Steel 3 Stainless steel	-	` '	Other (specify)
2 Brass 4 Galvanized steel		\sim	lone used (open hole)
EEN OR PERFORATION OPENINGS ARE:	5 Gauzed wrappe		11 None (open hole)
1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched	6 Wire wrapped	9 Drilled hole	
, ,	7 Torch cut / 2		cify)
	- •	• •	ft. to
		•	ft. to
From	ft. to		ft. to f
ROUT MATERIAL: 1 Neat cement	2 Cement grout 3 Bo		
ut Intervals: From \mathcal{O} ft. to \mathcal{Q} . \mathcal{O} .	ft., From	t. to ft., From	ft. to
t is the nearest source of possible contamination		10 Livestock pens	14 Abandoned water well
1 Septic tank 4 Lateral lines	7 Pit privy	11 Fuel storage	15 Oil well/Gas well
2 Sewer lines 5 Cess pool	8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)
Watertight sewer lines 6 Seepage pit	9 Feedyard	13 Insecticide storage	, ¬ ~
OM TO LITHOLO	GIC LOG FROM	How many feet?	PLUGGING INTERVALS
2 4 Spih	1		
4 90 Chax			
0 125 State X	ime		
	i] !	
ONTRACTOR'S OR LANDOWNER'S CERTIFIC	CATION: This water well was (1) con	structed (2) reconstructed or (3) plugged under my jurisdiction and wa
ONTRACTOR'S OR LANDOWNER'S CERTIFIC	CATION: This water well was (1) con		
leted on (mo/day/year)	! •••••••	. and this record is true to the) plugged under my jurisdiction and wa best of my knowledge and belief. Kansa
	! •••••••		

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> dearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.