WATER WELL RECORD			Form WWC	C- 5	Division of Water Resources; App. No.					
1 LOCATI County:	County: DYOWA		Fraction NW/4 NW/4 S	SW 1/4	Section N	lumber		ımber	Range Number R / B/W	
Distance and direction from nearest town or city street address of well if located within city?						Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude: \(\begin{align*} \frac{39}{53} & \frac{31}{31} & \frac{6}{31} \] Longitude: \(\begin{align*} \frac{95}{31} & \frac{31}{31} & \frac{3}{31} & \frac{9}{31} \]				
2 WATER WELL OWNER: Dennis & Sue Mown RR#, St. Address, Box # : 2648 Hwy 73 City, State, ZIP Code : Hrawatta, KS 66434					Elevation: Datum: NAD 83 Data Collection Method: GPS					
3 LOCATI LOCATI WITH A SECTIO	ION N "X" IN	Depth(s) Groundwate	r Encountered (1).		ft.	(2)	ft.	(3)	ft.	
W NW	Pump test data: Well water was									
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted										
5 TYPE OI 1 Stee 2 PVC	\sim 3 RMI	\ /	-Cement 9 Oth	er (specify	below)		We	elded	Clamped	
2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in. to 5 Q. ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No. TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)										
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										
GRAVEL PACK INTERVALS: From										
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify 2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well										
	om well? ΓΟ	LITHOLOGIC		FROM	TO	T	PLUGGING			
FROM	10	EITHOLOGIC	CLOG	6	23	Hola	e Dlug	JINII	KVALS	
				28	56	-5a	Λb 0			
						C	original Ret	urnec	to Sender	
						•	or Correct	ion D	ate:4- <u>27-</u> 10	
under my jurisdiction and was completed on (mo/day/year) 4.3 20 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No 308 This Water Well Record was completed on (mo/day/year) 4.3 by (signature)										
three copies to 785-296-5522.	NS: Use typewi Kansas Departme	riter or ball point pen. <u>PLE.</u> ent of Health and Environme to WATER WELL OWN	ASE PRESS FIRMLY and ent, Bureau of Water, Geol	PRINT clearl ogy Section,	y. Please fi 1000 SW Ja	ll in blanks ckson St., S	s, underline or circ Suite 420, Topeka,	le the co Kansas 6	66612-1367. Telephone	