WATE	MW		8D	Form WW	Division of Water Bassauras Ann Na				
WATER WELL RECORD 1 LOCATION OF WATER WELL:				Fraction		Division of Water Resources; App. No. Section Number Township Number Range Number			
	County: Sumnay Distance and direction from nearest town or cit				1	T 32 8 R			
Dista	nce and di	rection fror	n nearest town or	city street address of	well if				rees, min. of 4 digits)
	ed within c					Takkada.			
	≤. stret		nile cost ot	heellington, k	. 43 4	Lattude: Longitude:			
			R: Wolcott	4/14/15		Elevation:			
RR#	, St. Addre	ss, Box #	: 4 Pop (co 1-7	, 5t. suite s	7.5	Datum:			
1	, State, ZIP		7 000 Mair	1 37, 34, 42 =	1177	Datum. Data Collecti	on Moth	.d.	
		I 1 10 4	DEBTH OF CON	IPLETED WELL.	112	.Z		ou.	
	ATE WEI	LL'S 4 I	DEPTH OF COM	IPLETED WELL.		A. K	II.		
	LOCATION WITH AN (6) Converted for countries (1)								
	WITH AN "X" IN SECTION BOX: N Depth(s) Groundwater Encountered (1)							/ <i>[</i> [27] <i>[</i> 27]	
SEC								yı	
Est. Yieldgpm: Well water wasft. after hours pumping									
WELL WATER TO BE LIGED AG. 5 Dell's makes and by A							Air condit	ioning 11 Ini	ection well
	V NE -	$ \cdot $ $ \cdot $	Domestic 3 Fe	edlot 6 Oil fie	eld water su	uppry 0	Dewaterin	o 12 Otl	ner (Specify below)
$ w \longrightarrow$		$ \begin{bmatrix} \mathbf{E} & \mathbf{I} & \mathbf{I} \\ 2 & \mathbf{I} \end{bmatrix}$	Irrigation 4 Ir	dustrial 7 Dome	estic (lawn &	garden)	Monitorin	g well	ier (specify below)
'	J	1 1	inguion . in			gurden) 😈		5 11011	
SV	√ X se -	·- Wa	as a chemical/bacte	eriological sample su	bmitted to I	Department?	/es	. No X :	If ves. mo/day/vrs
			mple was submitte	d	Water	well disinfect	ed? Yes.	No*	
Sample was submitted									
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 9 Other (specify below) Welded									
		4 ABS		s-Cement 9 Ou				Threaded	
Plank assing diameter 7 in to 37 ft Diameter in to ft Diameter in to ft									
Blank casing diameter Z in. to 3. Z ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No 40									
TYPE C	F SCREEN	V OR PER	FOR ATION MAT	FRIAI		03./1t. *** a 11	tillexiless	of guage 140.	,
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7PVC 9 ABS 11 Other (Specify)									
	Brass	4 Galvani	zed Steal 6 Cor	ncrete tile 8 RM (SR) 10 A	Asbestos-Ceme	nt 12 N	None used (open	
			N OPENINGS AR		,			(op	
Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)									
				Wire wrapped					
SCREE	N-PERFOR	RATED IN	TERVALS: From	ı ft. to	13.7	ft., Fron	n	ft. to	ft.
SCREEN-PERFORATED INTERVALS: From. 3.2. ft. to 13.2. ft., From ft. to ft. From. ft. to ft., From ft. to ft.									
	GRAVEL	PACK IN		1					
			From	n ft. t	o c	ft., Fron	n	ft. to	ft.
	UT MATE	ERIAL:	1 Neat cement 2	2 Cement grout 3	Bentonite	4 Other			
Grout In					••••••	ft. to	ft., Fro	m	ft. toft.
1			possible contamina		10.7			1 0	
1	Septic tank		4 Lateral lines		10 Livesto				(6) Other (specify
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water we 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well									below)
						-			Elevater
		17				/ feet?			CDATALO
FROM	TO	-	LITHOLOGI	CLUG	FROM	TO	. Pl	UGGING INTI	ERVALS
0		10	psoil						
-,-	4		iy at			 			A
<u>(a</u>	10'	2.H	2 Glay						
10	1812,	Saire	1 et Giavel						
						+			
						+			
						+			
						+ +			
					+	++			
7 CONT	TRACTOE	R'S OR I A	NDOWNED'S	ERTIFICATION.	This water	well was 1000	nstructed	(2) reconstruct	ed or (3) plugged
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was 10 constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 21.792 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No									
under the business name of Ensign mate) Priority Service, Inc by (signature)									
INSTRUC	CTIONS: Us	e typewriter	or ball point pen. PLF	EASE PRESS FIRMLY an	d <i>PRINT</i> clearl	y. Please fill in h	lanks, under	line or circle the co	orrect answers. Send tor
three copie	es to Kansas l	Department of	f Health and Environm	ent, Bureau of Water, Ge	ology Section,	1000 SW Jackson	St., Suite 42	20, Topeka, Kansas	66612-1367. Telephone
785-296-5				NER and retain one	for your re-	cords. Fee of	\$5.00 for	each constructed	<u>l</u> well. Visit us a
http://www	v.kdheks.gov/	/waterwell/inc	iex.html.						