Section Jumber   Towardig Number   Towardig Numb	and the second second	WUL # 4	R WELL RECORD	Form. W	WC-5 KSA 828	a-1212		,		
Sealence and derector from negret rown g, obj great address of well if located within city?  Son. C. O TABLES SON  WITH MELL OWNER:  Sity, State, 2P Code  No. State,		Fraction	and the same	্ , শ্	Section Number	1	Number	Ra		mber
MATER WELL OWNER:  IF A R. ALAGORGE, BOX #  MR. SIL ALGORGE, BOX #  MR. SIL SIL COCATION WITH  AN X' IN PECTOR BOX:  WHILE STATIC WATER LEVEL \$  MR. SIL SPECIAL SIL SIL SIL SIL SIL SIL SIL SIL SIL SI					7	J T 3	S	R	18	_ <b></b>
MATTER WELL OWNER:  ## 8. Address pox # :  ## State   Process   Pr	<i>x</i> / <i>y</i>	, , , , , ,		cated within	city?					
29, State, 2P Ode 2  LOCATE MELS CONTROL WITH A CONTROL STATE OF THE CONTROL OF T			3							
Application Number:  LOCATE WILL'S LOCATION WITH A CONTROL WILL AND STATE AN	BR# St Address Box # :	0119 .03-1	10011150	1				<b>5</b> :		_
LOCATE WALLS LOCATION WITH AN TO CONTRACTORS OR LANDOWNERS CERTIFICATION. This water wall was (1) constructed, (2) reconstructed, or Characteristics and sources and the contraction of									if Water	Resource
Despting Groundwater Encountered  ### Committee Committe		WITH		~ ·						
WELLS STATIC WATER LEVEL.  WELL STATIC WATER LEVEL.  WELL STATIC WATER LEVEL.  WELL WATER TEACH USED AS: Purposed data: Well waster was ft. after hours pumping gar gar state of the state	AN "X" IN SECTION BOX:	<i>x</i>		- •						
Pump test data: Well water was that after hours pumping gor gor stress that gon. Well water was that after hours pumping gor gor stress that gone well water was that after hours pumping gor gor stress that gone well was a part of the pumping gor gor stress that gone well was a feet of the pumping gor gor gor gor gor gor gor gor gor go	- 1 N	Depth(s) Ground	water Encountered	1	π	2	π. :	3 17	77-	
Est. Yield gameter in, to the beautiful water was the stater hours purprising gameter beautiful water was the stater in the property of the pr	†  ^ i   i)									
Boor Hole Diameter	NW NE -									
WELL WATER Seader USED AS:    Very Comment of the C										
1 Domestic   3 Feedict   1 Domestic   2 Irrigation   4 Industrial   7 Lawn and garden only   10 Observation well   12 Other (Specify below)   Was a chemical/bacteriological sample submitted to Department? Yes	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well was a chemicali-bacteriological sample submitted to Department? Yes. No If yes, moldaylyr sample was su mitted in the partment? Yes. No If yes, moldaylyr sample was su mitted in the partment? Yes. No If yes, moldaylyr sample was su mitted in the partment? Yes. No If yes, moldaylyr sample was su mitted in the partment? Yes. No If yes, moldaylyr sample was su mitted in the partment? Yes. No If yes, moldaylyr sample was su mitted in the partment? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes, moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr sample was su water Well Deinfected? Yes. No If yes moldaylyr year. Yes water well was (1) constructed, (2) reconstructed, or	<del>.</del>   i   i			-			-	•		elow)
Water Well Disinfected? Yes	SW SE -	-				· · · · · · · · · · · · · · · · · · ·			-	•
TYPE OF BLANK CASING USED: 1 Sited 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 3 RMR (casing diameter in. to 1, Dia	1 1 1 1 1	<del>_</del>			-					
TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR) 2 PVC 3 RMP (SR) 2 PVC 3 RMP (SR) 3 RMP (SR) 3 RMP (SR) 4 ABS 3 Treaded.  1 Dia.  1 None used (open hole)  2 Dia.  2 Dia.  2 Dia.  2 Dia.  3 Milli slot  2 Louvered shutter 4 Key punched 7 Torch cut 1 Dia.  5 Rich.  5 Guzzed wrapped 8 Saw cut 1 None (open hole)  2 Dia.  2 Dia.  2 Dia.  3 Milli slot  3 Milli slot  4 Key punched 7 Torch cut 1 Dia.  5 Rich.  5 Guzzed wrapped 9 Dillied holes  2 Dia.  5 Rich.  5 Guzzed wrapped 7 Torch cut 1 Dia.  5 Rich.  5 GRAVEL PACK INTERVALS:  5 From.  5 Ri.  6 Lo.  6 Li.  7 Ptp rivy  1 From.  6 Lo.  6 Li.  7 Ptp rivy  1 From.  1 Lo.  1 Neat cereert  3 dout Intervals:  1 Neat cereert  2 Cerent grout 3 Bentonite 1 Septic tank 4 Lateral lines 7 Ptp rivy 1 Fig. lots drage 1 Septic tank 1 A Lateral lines 7 Ptp rivy 1 Fig. lots drage 1 Dia.  1 Confirmation of protein services of possible contamination: 1 Septic tank 1 Lateral lines 7 Ptp rivy 1 Fig. lots drage 1 Dia.  1 Septic tank 1 A Lateral lines 7 Pt privy 1 Fig. lots drage 1 Dia.  1 Confirmation from well?  1 From. 5 Converte tile.  1 Dia.  1 Confirmation from well?  1 From.  1 Lo.  1 None (specify below) 1 Dia.  1 Abandoned water well 1 Septic tank 1 A Lateral lines 7 Ptp rivy 1 Fig. lots drage 1 Gold water well 1 Septic tank 1 Lateral lines 7 Ptp rivy 1 Fig. lots drage 1 Gold water well 1 Septic tank 1 Lateral lines 7 Ptp rivy 1 Fig. lots drage 1 Gold water well 1 Septic tank 1 Lateral lines 7 Ptp rivy 1 From. 1 Lots drage 1 Gold water well 1 Confirmation from well 1 From the best of my knowledge and belief Nana 0 morpleted on (morday)van 1 Proventer or health and Environme	5						-		•	ic was suc
1 Steel 3 RIMP (SR) 6 Abbestos-Cement 7 Other (specify below) Wickled 2 PVC 4 ABS Stank casing diameter In. to 7 Fiberglass 1, Dia In. to 1, Dia	TYPE OF BLANK CASING US	SED:	5 Wrought iron	(80						
2 PVC ABS 7 Theorglass 1. to 1. to 1. th. Dia in. th. Dia in	1 Steel 3 Ri	MP (SR)	=	<b>*******</b>					•	
Stank casing diameter   1. to   1. t	0.00/0	no ,	<b></b>		• • •	•				
Jesung neight above land surface 3. 1970/20 x, weight	Blank casing diameter . 🗲	in. to . 6	ft., Dia							
YPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 stainless steel 5 Fiberglass 8 RIMP (SR) 11 Abbertsockement  2 Brass 4 Galvanized steel 6 Concrete title 9 ABS 12 None used (open hole)  3 CREEN OR PERFORATION OPENISARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole)  1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  2 Louvered shutter 4 Key punched 7 Torch out 10 Other (specify)  3 CREEN-PERFORATED INTERVALS: From. 1t. to 1 From 1 from 1 to 1 from 1	Casing height above land surface	3.5. Below.	. <b>15</b> 4, weight	<i></i>	Ibs.	ft. Wall thicknes	s or gauge N	۱o		
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Quovered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From 1. to 1. ft. From 1. ft. To 1. ft. From 1. to 1. ft. From 1. ft. To 1. ft. From 1. to 1. ft. From 1. ft.	TYPE OF SCREEN OR PERFOR	RATION MATERIAL:								
CREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Quevered shutter 4 Key punched 7 Torch cut 10 Other (specify)  CREEN-PERFORATED INTERVALS: From. ft. to from ft. to ft. from ft. ft. from ft. to ft. from ft. ft. ft. from ft. ft. from ft.	1 Steel 3 St	ainless steel	5 Fiberglass		8 RMP (SR)	11 C	ther (specify	)		
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shuter 4 Key punched 7 Torch cut 10 Other (specify)  CREEN-PERFORATEO INTERVALS: From. 1t. to 1f. From 1t. To 1f. To	2 Brass 4 G	alvanized steel	6 Concrete tile		9 ABS	12 N	lone used (o <sub>l</sub>	pen hole)		
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to from ft. from ft. ft. ft. from ft. ft. ft. from ft. ft. from ft. ft. from ft.	SCREEN OR PERFORATION O	PENINGS ARE:	5 G	auzed wrapp	ed	8 Saw cut		11 Non	e (open	hole)
CREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. From ft. ft. From ft. to ft. From ft. to ft. From ft. ft. ft. ft. ft. ft. ft. ft. ft.	1 Continuous slot	3 Mill slot	6 W	ire wrapped		9 Drilled hole	s			
From ft. to ft. From ft. To ft	2 Louvered shutter	• •								
GRAVEL PACK INTERVALS: From th. to th., From th. to the distribution of the transfer	SCREEN-PERFORATED INTER									
From ft. to ft. From ft. From ft. to ft. From ft. From ft. From ft. From ft. From ft. To ft. From ft. From ft. To ft. From ft. From ft. From ft. From ft. From ft. To ft. From ft. To ft. From ft. From ft. From ft. To ft. From ft										
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other 3 Description 4 Contractor's From 5 S S S S S S S S S S S S S S S S S S	GRAVEL PACK INTER		ft. to	o			ft.	to		ft.
Trout Intervals: From										ft.
What is the nearest source of possible contamination:  1 Septic tank 4 Lateral lines 7 Pit privy 1 Septic tank 2 Sewer lines 5 Cess pool 8 Sewage lagoon 1 Septide storage 1 S		Neat cement	2 Cement grout			Other	• • • • • • • • •			
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) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 17 Other (specify below) 18 North Private Pr			π., +rom	· · · · · · · · · · · ·						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet?  BROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG  County of C	•	•	7 Dia avisas							well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? 15 O LITHOLOGIC LOG FROM TO LITHOLOGIC LOG 15 FROM TO LITHOLOGIC LOG 16 FROM TO LITHOLOGIC LOG 17 FROM 10 Crushed Nock+Grove 15 SSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSSS	•					•				
Direction from well?  FROM TO LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOGIC LOG  LITHOLOGIC LOG  FROM TO LITHOLOGIC LOG  LITHOLOG  LITHOLOGIC LOG  LITHOLOG		•		-		•				
FROM TO LITHOLOGIC LOG  Crushed lock+Grove  Lithologic Log  Crushed lock+Grove  Lithologic Log  Lithologic Log		Seepage pit	5 Feedyard	J		•		<i>/// ()</i>	.5.07.	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or Diugged under my jurisdiction and was completed on (mo/day/year)		LITHOLOGIC	LOG	FRC		ny teet?		SIC LOG		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or Diugged under my jurisdiction and wa completed on (mo/day/year)	31 6 60	shed Rock +0	Some				LITTIOLOG	AIO LOG		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or Diugged under my jurisdiction and wa completed on (mo/day/year)	6 5,5 0		7							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or Diugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansa Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr) by (signature)  by (signature)  by (signature)  by (signature)  by (signature)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL		ement								
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or 3 blugged under my jurisdiction and was completed on (mo/day/year)		rt + C/2.				1	חיפ וואוכ	I BW#L	INON	
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) and this record is true to the best of my knowledge and belief. Kansa Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr) by (signature) by (signature) by (signature) however the business name of the bu						•	- E	1 ,Q	K	4
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) and this record is true to the best of my knowledge and belief. Kansa Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr) by (signature) by (signature) by (signature) however the business name of the bu							## F	1 100	71	
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) and this record is true to the best of my knowledge and belief. Kansa Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr) by (signature) by (signature) by (signature) however the business name of the bu									7	
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL							786i (	ONIC	N	
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL						f***	0.			1
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL									1	
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL									6/1	
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL						\				
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL										
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL										
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL										
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL	CONTRACTOR'S OR LANDO	WNER'S CERTIFICATION	ON: This water wel	ll was (1) co	enstructed, (2) reco	onstructed, or	<b>Diugaed</b> un	der mv iu	risdiction	and was
Vater Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  by (signature)  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL	completed on (mo/day/year)	1-24-87		- (1, 99	and this reco	ord is true to the	best of mv kr	nowledae :	and belic	ef. Kansa
Inder the business name of  NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL										_
NSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to hree copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620, Send one to WATER WEL	under the business name of						00	1		K
hree copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WEL	INSTRUCTIONS: Use typewriter	or ball point pen, PLEASI	E PRESS FIRMLY	and <u>PRINT</u>	clearly. Please fill i	n blanks, underli	ne or circle th	e correct	answers	. Send tor
	three copies to Kansas Departmer	nt of Health and Environment	nent, Division of Env	ironment, En	vironmental Geolog	gy Section, Topel	ka, KS 66620	. Send one	e to WAT	ER WELL