WA	TEI	R WELL	REC	CORD	Form WW	/C-5	Divisio	n of Water	Resources; App. No.	
1	LOC.	ATION O	F WA	TER WELL:	Fraction	5/3_1/4	Section N		Township Number T S	Range Number R FW
Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min, of 4 digits)										
	locate	ed within c	ity?	COM RANDOLINI : 7-5 M	FLAD WEST ON 6	NANKO	Latitude:			
_	_A	UD IMF	LAS	OUTH ON LASSIA	RD	I .	Longitude:			
2	WAT	TER WEL	LL OW	NER: COBURN 1 x#: 14124 LASET	A KD	I .	Elevation:			
	City	State, ZIP	SS, BO			I .	Datum:			
				ロ	67447	Data Collection Method:				
	3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL									
			, IN	Denth(s) Groundwater	Encountered (12 6B	ft	0 12	20 ft (3)	 ft.
	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1) 68 ft. (2) 120 ft. (3) ft. (3) ft. (2) 170 ft. (3) ft. (3) ft. (4) ft. (5) ft. (6) ft. (7) ft. (1) ft. (1) ft. (1) ft. (1) ft. (2) ft. (3) ft. (3) ft. (4) ft. (4) ft. (5) ft. (6) ft. (7) ft. (1) ft. (1) ft. (1) ft. (1) ft. (1) ft. (1) ft. (2) ft. (3) ft. (4) ft. (4) ft. (4) ft. (4) ft. (4) ft. (4) ft. (5) ft. (6) ft. (6) ft. (7) ft. (6) ft. (7) ft. (7) ft. (7) ft. (8) ft. (1) f									/vr 7/29/06
	N Pump test data: Well water was									gpm
				Est. Yield. 60 .gpm: Well water wasft. after						
	NIX	, NE		WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
w NW - 1 F 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering								atering 12 Otl	ner (Specify below)	
				2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well						
SWSE Was a chemical/bacteriological sample submitted to Department? Yes										
	Was a chemical/bacteriological sample submitted to Department? Yes									If yes, mo/day/yrs
	Sample was submitted									
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued										
5 7										
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded										
PVC 4 ABS 7 Fiberglass Threaded Blank casing diameter in to 120 ft., Diameter in to ft., Diameter in to ft. Casing height above land surface in, Weight lbs./ft. Wall thickness or guage No. SOR 24										
Casing height above land surface 29 in Weight — lbs /ft Wall thickness or guage No SOP ZI										
TYPE OF SCREEN OR PERFORATION MATERIAL:										
1 Steel 3 Stainless Steel 5 Fiberglass 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 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 120 ft. to 140 ft., From ft. to ft.										
From										
GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft.										
							_			
6 (GRO	UT MATI	ERIAI	: 1 Neat cement 2	Cement grout 🔇	Bentonite	4 Other			
		tervals:		m 3 ft. to		70	ft. to . 9 .¢	ft	., From	ft. t o ft.
Wł				e of possible contaminat						
		Septic tank		4 Lateral lines		10 Livesto			ecticide Storage	16 Other (specify
		Sewer line			8 Sewage lagoon	11 Fuel sto	-		andoned water well	below)
Dir				lines 6 Seepage pit		12 Fertiliz			l well/gas well	
	OM	TO		LITHOLOGIC		FROM	TO	,	PLUGGING INT	
	0	6	111	Y, BLOWN	LOG	106	109	LTM	ASTONAL	SICVILLO
	6	17		MASTONE TON		109	120	SHAI	6 60 44	
	17	22		HESTONE THN		120	123	IEM	SOWE HID	
	22	2.7	SHI	TIR, GRAY TO RE	n	123	140	SHIM	E GRAV.	
	27	52	LI	MASTONE		7-3			7 -1-17	
	52	62	SHI	LA GRAY						
	62	68	LI	MASTONE HOD						
	68	75	SHA	A GRAY						
	<u>7</u> 5	<i>B</i> /	LIM	ESTONA						
81 106 SHALK, RED										
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) . 7.1.29										
unc	ier m	y jurisdicti	on and	was completed on (mo/	day/year) / . / . /	/and	this recor	a is true t	o the best of my know	viedge and belief.
				actor's License No				-	on (mg/day/year) .	120/UB
unc	rer the	TIONS: 11	name	of ASSOCIATED riter or ball point pen. PLEA	SE PRESS FIRMI V .	nd PRINT clear	y (signatur		underline or circle the or	prect answers Send ton
		s to Kansas	Departm	ent of Health and Environmen	nt, Bureau of Water, G	eology Section,	1000 SW Ja	ckson St., S	uite 420, Topeka, Kansas	66612-1367. Telephone
785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at										
nttp	http://www.kdhe.state.ks.us/geo/waterwells.									