WATER WELL RECORD	Form WWC-5			ater Resources; App. No.		
1 LOCATION OF WATER WELL: County:	Fraction SE 1/4 SW 1/4 NW 1/4	Se	ection Number	Township Number	Range Number R	
Distance and direction from nearest town or cit	y street address of well if			ing Systems (decimal de		
Distance and direction from nearest town or cit located within city? From Ligaritaville	160 25 MIB)		atitude:			
MIT ON 24 TO ALIEF THINGS TO MILIE NORTH			Longitude:			
2 WATER WELL OWNER: LLoyd & St.	aron Sando	E	levation:			
KR#, St. Address, Dox # . D A Day //		1 1	atum:			
City, State, ZIF Code . Zonidul	4. KS 66491	P	ata Collectio			
5 LOCATE WELL 5 4 DEFINOR COMP	LETED WELL	<i>O.</i>		ft.		
LOCATION WITH AN "X" IN Depth(s) Groundwater Encountered (1)						
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater WELL'S STATIC WA	WELL'S STATIC WATER LEVEL					
	Pump test data: Well water wasft. afterhours pumping					
	Est. Yield. 20 gpm: Well water wasft. after					
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
W Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)						
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well						
SW SE Was a shawing l/hastorial acidal comple submitted to Department? Was a No. 15 year ma/day/yra						
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted						
Sample was submitted						
-	fron 8 Concrete ti	le .	CAS	ING IOINTS Glued	Clamped	
1 Steel 3 RMP (SR) 6 Asbestos-	Cement 9 Other (spec	ifv be	elow)	Welded	Clamped	
2 PVC 4 ABS 7 Fiberglass						
PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface 2 in., Weight SC4 40 lbs./ft. Wall thickness or guage No.						
Casing height above land surface						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 Continuous slot (3 Mill slot) 27/19auzed 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						
From						
GRAVEL PACK INTERVALS: From						
F10III						
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout Sentonite 4 Other						
Grout Intervals: Fromft. toft., Fromft. toft., Fromft. toft.						
What is the nearest source of possible contamination: Now Close						
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)						
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						
Direction from well?						
FROM TO LITHOLOGIC			TO	PLUGGINGINT	TERVALS	
8 1. TOP Soil	-8	1	90	Brown Shill		
1 4 Brown Clay	9	0	100 6	M-STORE		
4 8 LIMISTONE						
8 12 yellow-shold						
12 22 "LANSTONE		-				
22 32 yellow shots						
32 74 Party Chall						
1) 02 Lingsons						
11 0 P Cinciple Co						
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)						
Kansas Water Well Contractor's License No This Water Well Record was completed or (mo/day/year)						
under the business name of by (signature) by (signature) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline of circle the correct answers. Send top						
three copies to Kansas Department of Health and Environment, Bureau of Water, Gology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone						
785-296-5522. Send one to WATER WELL OWNER and retain the for your records. Fee of \$5.00 for each constructed well. Visit us at						
http://www.kdheks.gov/waterwell/index.html.						