UW326

Form WWC-5 KSA 82a-1212 ID No 1 LOCATION OF WATER WELL: Section Number Township Number Fraction Range Number County: KILEY SE Distance and direction from nearest town or city street address of well if located within city? MELIZEAST OF RANDOLPH WATER WELL OWNER: MARK GUDOWKAUF RR#, St. Address, Box # : 19961 CHATTER HECLED Board of Agriculture, Division of Water Resources City, State, ZIP Code Application Number: 3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 2.20 ft. ELEVATION: AN "X" IN SECTION BOX: Pump test data: Well water wasft. afterhours pumping gpm - NE -WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well 2 Irrigation 4 Industrial Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub--SW - SE -Water Well Disinfected? Yes CASING JOINTS: Glued Clamped TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile Welded 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Threaded 7 Fiberglass 4 ABS Blank casing diameter5.... Casing height above land surface ________in., weight _______in., weight ______in., weight _______in. TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 8 RMP (SR) 11 Other (Specify) 3 Stainless Steel 5 Fiberglass 1 Steel 12 None used (open hole) 4 Galvanized Steel 6 Concrete tile 9 ABS 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 11 None (open hole) 5 Guazed wrapped 9 Drilled holes 6 Wire wrapped Mill slot 1 Continuous slot 10 Other (specify)ft. 7 Torch cut 2 Louvered shutter 4 Key punched From 200 ft. to 220 ft., From SCREEN-PERFORATED INTERVALS: _____ft. to ._______ft. _____ft. to_____ft. GRAVEL PACK INTERVALS: 8 Benton te 2 Cement grout 4 Other..... 1 Neat cement Grout Intervals: From ft. to What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water web 15 Oil well/Gas well 4 Lateral lines 7 Pit privy 11 Fuel storage 1 Septic tank 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? 200 Direction from well? SOUTH EAST **FROM** TO LITHOLOGIC LOG **FROM** TO PLUGGING INTERVALS IMPRIONE CHENTY LES TOBERNA LTHE SON'E 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. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) . by (signature) ASSOCIATED BANGLONMENDEZ DA

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 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 <u>constructed</u> well.