| · | WATER WELL REC | ORD Form WWC-5 | KSA 82a- | 1212 ID N | lo. MW. | -4 | | | |
|---|--------------------|---------------------------------------|--|-------------------------|--|------------------------------|----------------------------|---------------------------------------|--------|
| LOCATION OF WATER WELL: | Fraction | ./ | | tion Number | Township N | - 1 | • | Number | |
| County: Lec ven worth Distance and direction from nearest | NE 1/4 | | | 36 | т 8 | 8 | R 2 | 2 @m | |
| | • | | within City? | | | | | | |
| WATER WELL OWNER: Duc | ne Becker | | | | | | | | |
| RR#, St. Address, Box # : 401 | 5, 200 12, | KS 66048 | | | Board of A Application | • | ivision of Wa | ter Resourc | es |
| LOCATE WELL'S LOCATION WIT | H 4 DEPTH OF C | OMPLETED WELL | 25.0 | | | | | | |
| AN "X" IN SECTION BOX: | WELL'S STATION | dwater Encountered C WATER LEVEL (| ft. beld | ow land surfa | ce measured on m | o/day/yr | | | |
| | | np test data: Well wate | | | | | | | |
| NW NE | | gpm: Well wate TO BE USED AS: 5 | r was Public water s | | | | | gp | mc |
| | 1 Domestic | 3 Feedlot 6 | Oil field water | supply | 9 Dewatering | 12 O | ther (Specify | | |
| W | 2 Irrigation | 4 Industrial 7 | Domestic (lav | vn & garden) | Monitoring we | II | | | •••• |
| SW SE | | l/bacteriological sample | submitted to I | | | | o/day/yrs saı | • | -dı |
| S | mitted | | | V | /ater Well Disinfect | ed? Yes | | ₩ | |
| TYPE OF BLANK CASING USE | | 5 Wrought iron | 8 Concre | | CASING JO | | | | |
| 1 Steel 3 RMP (SR) 2 PVC 4 ABS | | 6 Asbestos-Cement 7 Fiberglass | | 9 Other (specify below) | | | ed | | |
| Blank casing diameter | in to | | | | | in the same | aded)in to | | ## |
| Casing height above land surface | Flush | in weight | | 111. 10 | II., D | d | ۱۱۱، ۱۵ م م ۱۸م ک د کرد | 40 | π. |
| TYPE OF SCREEN OR PERFORAT | | wa, worgin | <i>(</i> ?) € (?) | | | bestos-Cem | | | |
| | | 5 Fiberglass | 8 RMP (SR) | | | | | | |
| 2 Brass 4 Galva | inized Steel | 6 Concrete tile | 9 AB | S | 12 No | ne used (op | en hole) | | |
| SCREEN OR PERFORATION OPE | NINGS ARE: | | ed wrapped | | 8 Saw cut | | 11 None (o | pen hole) | |
| | Mill slot | 6 Wire 7 Torch | wrapped | | 9 Drilled holes 10 Other (speci | | | | £4 |
| | Key punched | | | | | | | | |
| SCREEN-PERFORATED INTERVAL | LS: From | .5 ft. to | | ft., From | 1 | ft. to | | ••••• | ft. |
| GRAVEL PACK INTERVA | LS: From | ft. to | 2.5 | ft., From | 1 | ft. to | | | . ft. |
| | From | ft. to | | ft., Fron | ١ | ft. to | | | ft. |
| GROUT MATERIAL: 1 N | eat cement | 2 Cement grout | Ront | tonito | 4 Other | | | | |
| Grout Intervals: From | ft to 13 | ft., From | ft t | o line | ft From | | ft to | · · · · · · · · · · · · · · · · · · · | ft |
| What is the nearest source of possible contamination: | | | | 10 Lives | stock pens | 14 A | bandoned wa | ater well | ,,,, |
| 1 Septic tank 4 Lateral lines | | 7 Pit privy | | • | | | | | |
| | ess pool | 8 Sewage lagoon | | 12 Fertilizer storage | | 16 Other (specify below) | | | |
| 3 Watertight sewer lines 6 Seepage pit | | 9 Feedyard | | 13 Insecticide storage | | | | | |
| Direction from well? | | | | How ma | ny feet? | | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | ТО | PL | UGGING IN | TERVALS | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | ···· | | | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 7 CONTRACTOR'S OR LANDOW | NER'S CERTIFICA | TION: This water well w | as A) constr | ucted (2) rec | constructed or (2) | plugged up: | for my juried | liction and | |
| CONTRACTOR'S OR LANDOW Completed on (mo/day/year) | -28-04 | | uo 🕡 constr | and this r | ecord is true to the | plugged und best of mv kr | iowledge an | belief Kan | sas |
| completed on (mo/day/year) | 606 | This Water | Well Record | was complet | ed on (mo/day/vr) | 87-1 | 9-45 | | |
| | A Environ | | | | (signature) | in | Sdu | | |
| INSTRUCTIONS: Lies trequisites as ball pain | t non PLEASE PRESS | IPMI V and PRINT clearly Place | o fill in blanks | dorling or girds th | a correct annuara Cand | ton three series | to Konson Dana | rtmont of Liceti | |

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.