Delication and direction compared two cuts and supplied to be a supplied		WATER WELL REG	; CORDForm WWC-5	KSA 82a-1212	2 ID No.	ISCO-MW-5	
WATER MELLOWINER LAS A PARTY CASE SET TO A SECRET OF THE CONTROL O	County: Pottawatom	12 14		Section 3	Number	Township Number	R ((E)W
WATER WELL OWNERS. U.S. A. H. S. A. A. H. S. A. A. M. A.				I within city?			
Statement for a Service Servic		7		1 200	16775	. Day Kd , Wa	mego, KD 66547
SCACE WELLES LOCATION WITH 2 DEPTH OF COMMETTED WITH. 1.7 1.5	RR#, St. Address, Box # : 6	ol East	IZH St.				vision of Water Resources
WELL WATER LEVEL. \$7.7 f. before wind outsize reseased or medically?. WELL WATER TO DE USEDAS \$ Public water was ft. after hours pumping gor with the state of the st	3 LOCATE WELL'S LOCATION W		COMPLETED WELL	108			
Pump lest data: [Vel Water was			ndwater Encountered	1	ft, 2	2 ft. 3	ft.
Set. Wield		Pu	mp test data: ' Well wate	r was	and surface ft. aft	measured on mo/day/yr er hours pu	mpina apn
1 Joannesin 3 Feedlot 6 Olf field water supply 3 Dewalening 1 Company 1 Compan	NE	Est. Yield	gpm: Well wate	er was	ft. aft	er hours pu	mping gpm
Water Fig. 1. Continuous biol. State Contract Biol. State Biol. Bi		. 1		' /	,		
TYPE OF BLANK CASING USED: 1. Size S. RMF (SR) S. Asbespe-Camant D. Other (spierly below) Threaded X. Discourse D. Discourse	W 1 1	E 2 Irrigation		•	, ,		
TYPE OF BLANK CASING USED: 1. Size S. RMF (SR) S. Asbespe-Camant D. Other (spierly below) Threaded X. Discourse D. Discourse	1 1			;		\checkmark	•
TYPE OF BLANK CASING USED: 1 Stoel 3 RMP (SR) 2 RMP (SR) 3 RMP (SR) 4 ASS 5 Wrough iron 6 Asbestos-Gement 7 Fiberglass 9 Other (specify below) Weided Threaded Thread	SWSE		al/bacteriological sample	submitted to Depa			
1. Stage S. RMP (SR) G. Aabeelon-Cerment 9. Other (specify below) Welded X. Bellonk casing diameter 4		milled	#		vvale	er wen Disillected; Tes	INO
1 Stand S RMP (SR) 6 Asbestos-Cernett 9 Other (specify below) Welded T Piberglass 7 Fiberglass 7 Fiberglass 1 Threaded X RM ABS 7 Fiberglass 7 Fiberglass 8 RMP (SR) 1 to Abboatos-Cament 10 Abboatos-Cament 10 Abboatos-Cament 10 Abboatos-Cament 11 Stele 10 Stantases (Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) 11 Other (Specify) 12 Brass 4 Calivaraized Steel 6 Concrete file 9 ASS 12 None used (open hole) 1 SCREEN OR PERFORATION OPENINGS ARE: 5 Guzzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 6 Mill sol 8 Wife wrapped 9 Drilled roles 11 None (open hole) 1 Continuous slot 6 Mill sol 8 Wife wrapped 9 Drilled roles 11 None (open hole) 1 Continuous slot 7 Mill sol 8 Wife wrapped 9 Drilled roles 11 None (open hole) 1 Continuous slot 1 None (open hole) 1 Continuous slot 1 None (open hole) 1 Continuous slot 1 None (open hole) 1 None (open hole) 1 Continuous slot 1 None (open hole) 1 N	5 TYPE OF BLANK CASING US	=D:	5 Wrought iron	8 Concrete ti	la	CASING JOINTS Gluad	Clampod
ABS Threaded.X. In, bis in, to the properties to the properties of the properties o	1 Steel 3 RMF	P(SR)	6 Asbestos-Cement			Welde	d
Casing height above lend surface. 32 in., weight libs./it. Wall thickness or guage No. TYPE OF SCREEN OP PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 6 Concrete tile 9 ABS 11 Other (Specify). 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OP PERFORATION OPENINGS ARE: 1 Continuous stol 1 Mile Ispl 6 Wire wrapped 9 Drilled holes 11 None (open hole) 1 Continuous stol 1 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch out 10 Other (specify). 3 CREEN-PERFORATION OPENINGS ARE: 5 Guazed wrapped 9 Drilled holes 11 None (open hole) 1 Continuous stol 1 None (open hole) 2 Louvered shutter 4 Key punched 7 Torch out 10 Other (specify). 3 CREEN-PERFORATION OF TORCH ON 10 None (open hole) 4 Key punched 7 Torch out 10 Other (specify). 5 GRAVEL PACK INTERVALS: From 35 In. to 10 In. From In. to In.						Threa	ded X
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2 Brass 4 Galvanized Steel 6 Concrete tile 9 A8S 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) II. SCREEN-PERFORATED INTERVALS: From 78 From 1. to 0. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	TYPE OF SCREEN OR PERFORA	TION MATERIAL:	t the state of the	(7 PVC)			
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GRAVEL PACK INTERVALS: From \$5.5. ft. to \$1.0 st. From ft. to tt. From ft. to tt. From ft. to tt. From ft. to tt. From ft. to ft. From ft. F		4 Key punched	7 Torch	n cut		Other (specify)	
GRAVEL PACK INTERVALS: From \$5. It. to \$1.0 \$ It., From It. to It. from	SCREEN-PERFORATED INTERVA	LS: From	8 8 8 ft. to	108	ft., From	ft. to	ft.
From	GRAVEL PACK INTERV	From ALS: From	**************************************	多108	ft., From	ft. to	ft.
Grout Intervals: From		From	ft. to		ft., From	ft. to	ft.
Grout Intervals: From	6 GROUT MATERIAL: 1 (Veat cement)	2 Cement grout	3 Bentonite	a 4	Other	
What is the nearest source of possible contamination: 1 Seplic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Cas well 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 80 Silty Clay + Sand 50 103 Sand CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on (mo/day/year) 2 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on (mo/day/year) 2 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on (mo/day/year) 2 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed on (mo/day/year) 3 Water Well Record was completed on (mo/gay/yr) 3 Plugged under my jurisdiction and was ompleted on (mo/gay/yr) 3 Plugged under my jurisdiction and was ompleted on (mo/gay/yr) 3 Plugged under my jurisdiction and was ompleted on (mo/gay/yr) 4 A Abandoned water well 10 Livestoke pens 14 A Abandoned water well 15 Oil well/Cas well 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 16 Other (specify below) 17 Other (specify below) 18 Other (specify below) 19 Plugged under my jurisdiction and was ompleted on (mo/gay/yr) 19 Plugged under my jurisdiction and was ompleted on (mo/gay/yr) 19 Plugged under my jurisdiction and was one provided to the provided on (mo/gay/yr) 19 Plugged under my jurisdiction and was one provided to the provided to t						ft., From	ft. toft.
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Down Order			ngyear				a de la companya della companya dell

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 togethee 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.