WATER WELL RE	CORD	TMW2 Form WWC-5		Division of	Water Resources; App. No.	
1 LOCATION OF WA	TER WELL:	Fraction		Section Numb	per Township Number	Range Number
County: Olave		14 NW 14 SE		7	T G S	R 23 (B)W
located within city?	from nearest town or cit	ty street address of well	if G	Hobal Position Latitude: A	ning Systems (decimal de	grees, min. of 4 digits)
•	•			T '4 1 F	astire 192,	881.94
2 WATER WELL OWNER: V. A. Hospital Just of Elevation: RR#, St. Address, Box # 4101 S. 4th St. Viteran Batum.						
City, State, ZIP Code Course St. Value Data Collection Method: Survey						
	www.woo	th Ks. 66048		Data Collect	ion Method:	Surey
3 LOCATE WELL'S LOCATION	4 DEPTH OF COMP	gaeil	144	•••••	п.	9
WITH AN "X" IN	Depth(s) Groundwater Encountered (1)					
<b>SECTION BOX:</b> N	WELL'S STATIC WATER LEVEL33 25ft. below land surface measured on mo/day/yr1111.0.1					
Pump test data: Well water wasft. after						
WELL WATER TO BE USED AS: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 O						jection well
						ther (Specify below)
0	,					
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs						
Sample was submitted Water well disinfected? Yes No.4						
S						
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 9 Other (specify below) Welded						
2 PVC 4 ABS 7 Fiberglass						
Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft.						
Casing height above land surface in., Weight lbs./ft. Wall thickness or guage No.						
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 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 3 Mill slot 5 Gauzed 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						tt.
From						i i
6 GROUT MATERIAL: 1 Neat cement 2 Gement grout 3 Bentonite 4 Other Clau.						
Grout Intervals: From						
What is the nearest source of possible commination:						
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? L		260 Ho	w many	feet? DO	<u></u>	
FROM TO	LITHOLOGIC	LOG	FROM	TO	PLUGGING INT	TERVALS
				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	PUL pipe wa	odrilled of
				0	and pulled our	ttoTD-4
					7 0 0 00	
					David Siden Co.	. 1171.21
				1 6	WITTERWAY TOTA	7.47.3
				c	lay from 3'	-0'
					<u>u</u>	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (1) plugged						
under my jurisdiction and was completed on (mo/day/year) 1 and this record is true to the best of my knowledge and belief.						
Kansas Water Well Contractor's License No						
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in Janks, 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						
/85-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.						