WATE	R WELL	RECORD	Form WWC-	5	Division of Wate	er Resources; App. No.		
1 LOC		F WATER WELL:	Fraction		Section Number	Township Number	Range Number	
Coun		1रप्	SE 1/4 SW 1/4 N		21	T 9 S	R G DW	
	Distance and direction from nearest town or city street address of well if			ll if		g Systems (decimal de	grees, min. of 4 digits)	
locate	located within city?				Latitude: 39.25610			
2 XX/A					Longitude: <u>96.77159</u>			
	RR#, St. Address, Box # : 10320 Anderson Auc.				Elevation: 1250			
	, State, ZIP			- 1		V65 84		
	ATE WEI	,,	Data Collection ft.					
	ATE WEI	ELL'S 4 DEPTH OF COMPLETED WELL						
	H AN "X"	Depth(s) Groundwater Encountered (1)						
	TION BOX							
	N	Pump test data: Well water wasft. afterhours pumpinggpm						
	Est. Yieldgpm: Well water wasft. after hours pumpinggpm							
- NV	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
w	1 F 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 User (Specify below)							
	2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well							
SV	SW SE W							
	Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs Sample was submitted							
	Sample was submitted							
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped								
l					below)		Clamped	
		4 ABS_ 7 Fiberglas				Threaded		
Blank casing diameter								
		OR PERFORATION MAT					• •	
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)								
From								
GRAVEL PACK INTERVALS: From								
From								
1	UT MATE		Cement grout Ber					
Grout Intervals: From								
What is the nearest source of possible contamination:								
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 1 Other (specify 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? NE How many feet?								
FROM	TO	LITHOLOGI		FROM		PLUGGING INT	ERVALS	
0	3	Lineston						
7	78	Att Shalz						
78 78	82	Limestone						
_82	82 133	Shele Grey Dark						
133	136	Lincstone						
136	182	AH. Rul - Grey Sl	alt					
182	184	limestone						
184	250	Shale Grey - Lish	- Grey					
			•		1 COLVET			
	Ground Source Ground							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1 Constructed, (2) reconstructed, or (3) blugged								
under my jurisdiction and was completed on (mo/day/year)								
under the business name of Sociation Program Int by (signature)								
		te typewriter or ball point pen. PLE	ASE PRESS FIRMLY and P	RINT clean			orrect answers. Send ton	
three copi	es to Kansas	Department of Health and Environm	ent, Bureau of Water, Geolog	gy Section	, 1000 SW Jackson St.,	Suite 420, Topeka, Kansas	s 66612-1367. Telephone	
785-296-5522. 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.								