Control of MyRER WELL Fraction Set 15 Se				WATE	R WELL RECORD	Form WWC-5	KSA 82	a-1212	
WATER WELL OWNER Gallaway Defilling RRF, St. Address, Box # 10 5 5 December 100 per per country of the state	_							1 40 '	77 77
MATER WELL OWNER: Gallavay Detailing RRP, St. Address, Box # December D							51	T 10	S R >2 W E/W
SPARE St. Address. Box # 10.5 S. D. Comparison of Water Resource Chy, State, 2P Code Chy, St	Distance a	and direction	i nom nearest tow	in or only sheet i			11 1	Dalle.	
Right, State, 2PP Code : Volume 1	2 WATER	R WELL OV	VNER: Gall	laway Dril	ling	ω_{q}	V SI	J	
COLTRE WELLS LOCATION WITH DEPTH OF COMPLETED WELL 232 ft. ELEVATION Nr. N is NECTION BOX. Depth(s) Groundwest Encountered 1, 140 ft. below land aurface measured on modayly periph(s) Groundwest Encountered 1, 140 ft. below land aurface measured on modayly purph is the state Well water was ft. after hours pumping gpm	_			5 S B	wadway			Board of Agricu	Iture, Division of Water Resources
ANY AN SECTION BOLD: Depth(s) Groundwater Encountered: 1.1(L)	City, State	, ZIP Code	: نى	rehite	, KS 67	202		Application Num	nber:
Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells STATIC WATER LEVEL 11,0 th below land aurisoc measured on moday in Wells Wells Water was the fact that the well was th	LOCATI	E WELL'S L							
Pump test data: Well water was t. after hours pumping gom well water was t. after hours pumping gom well water was t. after hours pumping gom yell water was t. after hours pumping gom yell water was t. after hours pumping gom yell was a chemical bacteriological sample submitted to the part of	- AN "X"	IN SECTIO	N BOX:			•			
Est. Yeld gem: Well water was finater bours pumping gem be belowed to a complete supply a Air conditioning 12 Interction well be refered to a complete supply a finate supply	Ŧ	!	!!!						· ·
Bore Hole Diameter. 9, in. to 232. ft., and in. to t. t	-	NW	NE						
Without Property and conditioning 11 Injection well 1 Dimension 2 Feedback 3	1	1							
TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASNO JOINTS, Glued X, Clamped	≗ w ⊦	!	E E						1 .
Was a chemical bacteriological sample submitted to Department? Yes. Mo Mater Well Disinfected? Yes X No Mo Mater Well Disinfected? Yes X No Mo Water Well Was II No Water Well Was II No Water Well Bis Mo Water Well Was II No Water Well Report Was completed on (modayywar) A Yes X No Mount Health and Environment, Dislation of Winton Was Composited on (modayywar) A Yes X No Mount Health and Environment, Dislation deliver years was completed on (modayywar) A Yes	-	ŧ I						-	11 Injection well
Was a chemical/bacteriological sample submitted to Department? Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted? Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted? Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted? Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted? Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted? Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted? Yes X. No. Yes Water Well Disinfacted? Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted Yes X. No. Yes No. X if yes, motiday/y sample was submitted. Water Well Disinfacted Yes X. No. Yes No. X If yes, motiday/y sample was submitted. Water Well Disinfacted Yes X. No. Yes No. X If yes, motiday/y sample was submitted. Well Record water well in blanks, graphed X. Disinfacted X. Disinfacted X. Clasmed X. Disinfacted X. Clasmed X. Disinfacted X. Clasmed X. Disinfacted X. Clasmed X. Disinfacted X. Clasmed	-	- SW T-	SE					-	
Type OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 Stainless steel 5 Fiberglass 1 Steel 3 Stainless steel 5 Fiberglass 2 Brass 4 Galvanized steel 5 Fiberglass 3 RMP (SR) 11 Other (specify) 250 2		+	t !	•		-	-		If yes mo/day/yr sample was sub-
TYPE OF BLANK CASING USED: 5 Wought Iron 8 Concrete lile CASING JOINTS: Glued X Clamped 2 PVC 4 ABS 7 Fiberglass 7 Fiberglass 1 In to 1 the in 1 the in 1 to 1 the in 1.	į L	<u>' </u>			bacteriological sample si	abilitioa to Di	-		
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Casing height above land surface. 9. in, weight	2 P\	/C	4 ABS		7 Fiberglass				Threaded
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC	Blank casi	ing diameter	r 5	2m32ao232	ft., Dia	in. to		ft., Dia	in. to ft.
Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete title 9 ABS 12 None used (open hole)	Casing he	ight above i	and surface	9	.in., weight	250	Ibs	./ft. Wall thickness or ga	uge No • 250
2 Brass	TYPE OF	SCREEN C	R PERFORATION	N MATERIAL:				10 Asbestos	-cement
SCREEN OR PERFORATION OPENINGS ARE: 1 Sauzed wrapped 1 Continuous slot 2 Louvered shutter 4 Key punched 2 Louvered shutter 4 Key punched 3 Diffield holes 5 CREEN-PERFORATED INTERVALS: 5 From. 222. ft. to. 232. ft., From. ft. to. ft. From. ft. to					_	_		11 Other (sp	pecify)
1 Continuous slot 2 Louvered Shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 222 ft. to 232 ft. From ft. to ft. From ft. From ft. From ft. To ft. From							S		`' '
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From				• •			ft En	` ' ' ' '	
GRAVEL PACK INTERVALS: From	JOI ILLIV	r Lini Onian	ED INVESTIGACO.						# **
From ft. to ft., From ft., Fr	(GRAVEL PA	ACK INTERVALS:						
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From 0 ft. to 10 ft., From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 13 Insecticide storage 15 Oil well/Gas well 16 Other (specify below) 17 How many feet? 18 Other (specify below) 18 Other (specify below) 19 Feedyard 19 FROM 10 LITHOLOGIC LOG 10 2½ Topsoil 2½ 56 M. Gravel 11 Sandy Clay 11 Sandy Clay 11 Sandy Clay 11 Signature 11 Signature 11 Signature 12 Other (specify below) 15 Other (specify below) 16 Other (specify below) 17 Other (specify below) 18 Other (specify below) 19 FROM 10 LITHOLOGIC LOG 10 2½ Topsoil 2½									
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Direction from well? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG O 2½ Topsoil 2¼ 56 M. Gravel 81 113 Sandy Clay 113 131 M. Gravel 131 155 Gravel 132 230 M. Gravel 223 230 M. Gravel 230 232 Ochre 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) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, 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 License No. 376 This Water Well Record was completed on (mo/day/yy) INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, goderline of circle the correct answers. Send top (INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, goderline of circle the or to WATER WELL	1 Septic tank 4 Lateral lines							•	
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three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.	INSTRUC	TIONS: Use	typewriter or ball	point pen, PLEAS	SE PRESS FIRMLY and	PRINT clear	y. Please fill	in blanks, poderline of cir	cle the correct answers. Send top
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