W.	ATE I	R WELL	REC	ORD		Form	WWC-	5	Division o	f Water	Resources;	App. No.	
1	Coun	ty: 07	\mathcal{T}_{A}	1 W F	7	Fraction SW1/4 S	W1/4 S	E1/4	Section Num		Township T	S	Range Number R 3 6 E/W
	Dista	nce and dir	ection	from nea	rest town or c	ity street addr	ess of we	il if G		oning S	Systems (d	lecimal deg	rees, min. of 4 digits)
E	locate	ea within ci		intic Bi⊔u	17300	1)mazu	EURC		Latitude: _				
2	WA	TER WEI	I OW	NFD.	CEG 4	NOVE			Longitude:	_			
~	RR#	, St. Addres	ss. Box	#	CEG N	180 TOR	.		Elevation:				
		State, ZIP		ے : نر :	250	700 M	J. 20	1/122	Datum:		F .1 1		
3		ATE WEI	T 'C	4 DED1	TH OF COM	PLETED W	<u> </u>	406	Data Collec		letnoa:		
3		ATE WEL	L S	7 DEL	III OF COM	TLEIED W	CLL			11.			
		H AN "X"	IN	Depth(s)	Groundwate:	r Encountered	l (1)		ft. (2))	ft	(3)	ft
	SEC	TION BOX	K :	WELL'S	S STATIC W	ATER LEVE	L	ft. l	below land s	urface 1	neasured o	on mo/day.	/yr. 04-24-0 9
		N			Pump test dat	a: Well wate	r was		ft. after	. 	hours r	oumping	gpm
				Est. Yie	eldgpr	n: Well wate	er was	• • • • • • • • • • • • • • • • • • • •	.ft. after		hours j	pumping	gpm
	NV	V NE -				BE USED AS:	5 Publi	ic water si	ipply 8	Air co	onditioning	g 11 Inj	ection well
W	E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below												
		1		2 Imiga	tion 4 in	dustriai /	Domesti	c (lawn &	garden) 1	Moni	toring wel	<u></u>	• • • • • • • • • • • • • • • • • • • •
	Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs												
	Sample was submitted												
		S							•11 •151111		200	. 110	••••
5	ТҮРЕ	E OF CASI	NG US	SED:	5 Wrought	Iron	8 Conc	rete tile	<u> </u>	ASING	IOINTS	Glued X	Clamped
_		Steel	3 RMP	(SR)	6 Asbestos	-Cement	9 Other	(specify)	pelow)	151110			• Clamped
		PVC 4	4 ABS	•	7 Fiberglas	s						Threaded	
Bl	ank ca	sing diame	ter	.તોં	in. to	/ ft., Diam	eter	in	. to	ft., I	Diameter .		in. toft.
Ca	ising h	eight above	e land s	surface	GD	in., Weig	ht	lt	s./ft. Wa	all thick	eness or gu	iage No	
TY					ATION MATI								
				nless Stee			PVC	9 A	BS		11 Other	(Specify)	
SC				anized S	teal 6 Conc ENINGS AR	crete tile 8	KM (SK) 10 A	sbestos-Cen	nent	12 None u	ised (open	hole)
50							ed 7 T	orch cut	0 Drillad	holes	11 No	na (onan h	olo)
1 Continuous slot 3 Mill slot 3 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)													ole)
SC	CREE	N-PERFOR	ATED	INTERV	VALS: From	41	ft. to	61	ft., Fro	om		ft. to	ft.
SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft.													ft.
		GRAVEL	PACK	INTERV	ALS: From		ft. to	گ <i>اه</i>	ft., Fr	om	<i></i>	ft. to	
					From	• • • • • • • • • • • • • • • • • • • •	ft. to	• • • • • • • • • • • • • • • • • • • •	ft., Fr	om		ft. to	ft.
6	GRO	UT MATE	RIAL	• 1 Ne	at cement 2	Cement grou	t 3 Ret	atonite	1 Other		-		
		tervals:		n	ft. to	2.1 ft 1	From	3.7	t. to				ft. toft.
				of possil	ole contamina	tion:	10111	J		10.	, 1 10111		11. 10
		Septic tank			Lateral lines		1	0 Livesto	ck pens	13 Inse	cticide sto	rage	16 Other (specify
		Sewer lines			Cess pool	8 Sewage la	_	1 Fuel sto			andoned w	ater well	below)
		Watertight			Seepage pit		1	2 Fertilize	er storage	15 Oil	well/gas w	ell .	WWWWW.
			!?			0100	F	low many	feet? D.Y.E	.W.F.	!.L.L.D	.ND.W.	APPARENT
	OM_	TO	0.	M 1	LITHOLOGIC			FROM	TO		PLUGO	ING INT	ERVALS
	0 مرد	76	54	MY Y	BLACK		·U		-				
	7		704	44		PLTY BRAY S	TINI	ر ، س			-		
- !	72	27	JA	10 X E		MED W	TICK	ADA	DV MI	,			
	ð 1	61			TONE			GRAI					
Ž	7)		HE		SHALK		INC	GENI.					
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									1				
										7			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged													
7 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) 24													
Kansas Water Well Contractor's License No. 3.1 This Water Well Record was completed on (mo/day/year) 4.4.4													
under the business name of PEST ING CO PUMP SCRUICE by (signature) Sould Gentlement of PEST ING CO PUMP SCRUICE by (signature)													
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, Inderline 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	5 - 296-5	522. Send	one to	o WATEI	R WELL OW	NER and retain	n one for	r your rec	ords. Fee	of \$5.00	of for each	constructed	d well. Visit us at
http	p://wwv	v.kdheks.gov/	waterwel	ll/index.htn	ıl.			-					