	_	W	ATER WELL	RECOE	RD.	Form	wwc-	5 K	(SA 82a-	1212 I	D No.						
1 LOCAT	ion					Section Number			Township N	Range Number							
County:	Linco	ln	NW	1/4	SW	1/4	SE	1/4		2		T 12	S	R	6w	E/W	
Distance a		from nearest to			ress o	of well	if locate	ed withi	in city?								
		L/2E of Be				. 7		m								.,	
		NER: Fleta C/O I	ois Sol	dan	ur A	naer	son	Trus	τ								
	ddress, Box , ZIP Code		lois Sol Alexande											Division	of Water	Resources	
		Hays	rille, K	S 670	160	ren M	/E11	105		# EI	E\/AT	Application					
	NELL'S LO		Depth(s)									2					
744 77 76	N N											measured on m					
	-			Pump	test d	ata:	Well wa	ater wa	s		.ft. af	ter	hours	pumping		gpm	
-	-NW	- NE	Est. Yield . WELL WA									ter 8 Air conditionin				gpm	
	1	1	1 Dom			eedlot				supply r supply		9 Dewatering	•	Injection Other (S	well pecify bel	low)	
w	1	 E	2 Irriga	ition	4 In	ndustri						0 Monitoring we					
	1	1															
-	-sw	- SE	Was a che	mical/ba	acterio	ologica	l samp	le subn	nitted to	Departme		s <u>. No .</u>		mo/day/y	rs sample	e was sub-	
		`	mitted								Wat	ter Well Disinfect	ed? Yes		N	lo	
	S																
		CASING USED:				ight iro			B Concre			CASING JO					
1 Steel 3 RMP (SR) 2_PVC 4 ABS					6 Asbestos-Cement 7 Fiberglass				9 Other (specify below								
			in t				ft Dia					ft., D					
Casing he	ight above la	and surface	C.F	T.		weiaht	Dia	ao			11	os./ft. Wall thickn	ess or qua	ae No		.40	
TYPE OF	SCREEN O	R PERFORATIO	ON MATERIA	۱L:	,			2.0	7 PV				bestos-Ce		- BCII	40	
1 Steel 3 Stainless Steel					5 Fiberglass				8 RMP (SR)			11 Other (Specify)					
2 Bras	SS	4 Galvani	zed Steel	6	Conc	crete ti	le		9 AE	ss		12 No	ne used (d	pen hole))		
		RATION OPENII							rapped			8 Saw cut		11 No	ne (open	hole)	
	itinuous slot vered shutte		Mill slot Key punched					re wrap rch cut	ppea			 Drilled holes Other (speci 				ft.	
		ED INTERVALS								4 5		145	• ·				
SOMELIN	I LHI OHAI	ED INTERVALS	From				. n. to . ft. to			ft., F	rom		tt. t ft. t	oo.		ft.	
•	GRAVEL PA	CK INTERVALS	S: From	20	J		.ft. to	185		ft., F	rom		ft. t	o		ft.	
			From		•••••	•••••	. ft. t o			ft., F	rom		ft. t	o	••••••	ft.	
6 GROL	JT MATERIA	L: 1 Nea	at cement		2 Ce	ment	grout		3 Ben	tonite	4	Other					
Grout Inter	rvals: From	m0	ft. to	20	ft	t., Fror	n		ft. 1	io		ft., From		ft. to		ft.	
What is the	e nearest so	urce of possible	contaminati	on:						10 Li	ivesto	ck pens	14	Abandor	ned water	well	
1 Septic tank 4 Lateral lines					7 Pit privy							orage	15	Oil well/	Gas well		
2 Sewer lines 5 Cess pool					8 Sewage lag				on			er storage			Other (specify below)		
3 Watertight sewer lines 6 Seepage pit					9 Feedyard							cide storage	none - in pasture				
Direction for		T									many	feet?					
FROM	TO	4	LITHOLO	OGIC LO	OG			F	ROM	то	-	PL	UGGING I	NTERVA	LS		
0 1	1 4	top so:	<u>r</u> 1														
4	7	clay sand ro	ock								-						
7	100	shale	JUN .					_			+						
100	185		ock stre	aks v	vith	sha	ale	_			+						
					1-01						+						
											1		P	ECE	IVED		
													, ,	LVL	IVLU		
													14	IG 9 1	2004		
														Ju 0 1	2007		
													BURE	ALLO	= \\/A T	FR	
											1						
											-			., (0 0,	**/\\\		
														., (0 0)	••		
7																	
Z CONTR	ACTOR'S C	OR LANDOWNE	ER'S CERTIF	CATIO	N: Th	is wat	er well	was (<u>1</u>) constr	ucted, (2)	recon	estructed, or (3)	olugged ur	nder my	urisdiction	n and was	
completed (on (mo/day/y	ear)	48/.U4							and th	is reco	istructed, or (3) ord is true to the to on (mo/day/yr)	olugged ur	nder my j	urisdiction	n and was ief. Kansas	

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, 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 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.