XX 7 /	#	DE	COPD		Form	WWC	E	District	CW/-+-	D			
WATER WELL RECORD 1 LOCATION OF WATER WELL:					Form WWC-5			Division of Water Resources; App. No. Section Number Township Number Range Number					
1	County: Lincoln			•	NW 1/4 NW	1 1/4 SW	1/4	30	Nulliber	T 12 S	moer	R7W E/W	
	Distance and direction from nearest town or city street address of well if								Global Positioning Systems (decimal degrees, min. of 4 digits)				
	located within city?												
	3 1/2S of Lincoln, KS							Latitude:					
7	2 WATER WELL OWNER: Roy Williams								ue:			· · · · · · · · · · · · · · · · · · ·	
_	RR#, St. Address, Box # : 847 N. Hwy 14							Elevano	n:				
	City, State, ZIP Code : Lincoln, KS 67455							Datum:	11				
								Data Collection Method:					
3	LOCATE WE	LL'S	4 DEPTH	OF COM	PLETED W	ELL	81.	• • • • • • • • • • • • •	ft.				
	LOCATION WITH AN (SV. IN Double (c) Consumd system Empower and (1) 40 (2) (2)											2	
	WITH AN "X" IN Depth(s) Groundwater Encountered (1)											It.	
	SECTION BOX: WELL'S STATIC WATER LEVEL40ft. below land surface measured on mo/day/yr12/.05/.06 Pump test data: Well water was ft after hours pumping and the surface measured on mo/day/yr12/.05/.06												
	Pump test data: Well water was												
	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											gpm	
W													
	X		2 Illigation	7 1110	iusu iai /	Donicsu	c (lawii	& garden)	TO IVIOI	mornig wen	• • • •	•••••	
	SW SE		Was a chem	ical/bacter	riological san	nnle suhm	nitted to	Departmen	nt? Ves	No		If yes mo/day/yrs	
	Was a chemical/bacteriological sample submitted to Department? Yes; If yes, mo/day/yrs Sample was submitted												
	S water went distincted: 100												
_		TAIC I	ICED 5	**7 1	T	0.0			CACDI	C IODITC CI		CI 1	
3	TYPE OF CAS		D(SD) 6	Wrought	Iron -Cement	8 Conci			CASIN	G JUIN I S <u> G</u> I		Clamped	
	1 Steel		P (SR) 6	Aspesios:	-Cement	9 Otner	(specify	below)		VV (
Di	onk opsing diam	4 ADS	5 in t	1 61	S ft Diam	 notor	•••••			Diameter	ireaded	in. toft. Sch. 40	
Ca	ank casing ulam sing height abox	ve land	curface	12	in Weig	tht 2.8	8	lhe /ft	Wall this	ckness or mage	No.	Sch. 40	
TY	PE OF SCREE	N OR 1	PERFORATIO	 NN MATE	TRIAI ·	3111		.108./11.	wan un	ckliess of guage	5 IVO		
1.	1 Steel		inless Steel			PVC	9	ABS		11 Other (Sn	ecify)		
	1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)												
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.		ft. to		ft.	, From		ft. to	ft.	
1	GRAVEL	PACK	INTERVAL	S: From.	24	ft. to	.81	ft.	, From		ft. to	ft.	
				From.		ft. to		ft.	, From		ft. to	ft.	
_	CD OTTO A F 1 M		4.37		~		. •.	4.0.1					
	out Intervals: hat is the neares					From	• • • • • • • • •	. π. το		ı., From	• • • • • • • • • • • • • • • • • • • •	ft. toft.	
VV	1 Septic tanl				7 Pit privy	1	ΛΙ ίνως	tock pens	12 Inc	secticide Storag	ro.	16 Other (specify	
	2 Sewer line				8 Sewage la		1 Fuel s			sectioned storag		below)	
			lines 6 See					zer Storag		il well/gas well		ouse	
Di	rection from we												
	ROM TO			HOLOGIC			FROM			PLUGGIN			
	0 3	tor	soil										
	3 8	cla											
	8 21	1	nd rock	**									
	21 50	, .	ile		-a								
	50 81		nd rock										
	JU UI	3.01	Id TOCK										
		<u> </u>											
							<u> </u>						
									†				
7 (CONTRACTO	R'S OF	R LANDOW!	NER'S CI	ERTIFICAT	TION: Th	is water	well was	(1) constr	ructed. (2) reco	nstruct	ed, 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) .12/.05/.06 and this record is true to the best of my knowledge and belief.													
Kansas Water Well Contractor's License No. 186 This Water Well Record was completed on (mo/day/year) 12/07/06													
un	der the business	name o	_{of} Kelly's	Water	Well Ser	vice, 1	Inc. b	y (signatu	ire) Ka	thun 8	K L	bad	
IN	STRUCTIONS: U	se typew	under the business name of Kelly's Water Well Service, Inc. by (signature) Kathun Rebad 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. Visit us at

http://www.kdheks.gov/waterwell/index.html.