LOCATION OF WATER WELL: Engino	WATER WELL REC	CORD	Form	WWC-5	Di	ivision of Wate	r Resources App. No	,		
Street/Rumal Address of Well Location; if unknown, distance & direction from nearest town or intersection: if at owner's address, check here \(\) Address of two more intersection: if at owner's address, check here \(\) Address of two more intersections and address of the address and address of the		TER WELL:	Fraction	21 05	Secti					
From nearest town or intersection: If at owner's address, check here	County: SALI	NE	JE 14 NL 14.	SW43E1	• •				<u> </u>	
Constitute:										
WATER WELL OWNER: SERVILLY BUHRLE Callection Method Call	<u> </u>									
WATER WELLO WYER: CAN WOOD DID	2823 CAYWOOD DE.					Elevation:				
Ref., Street Address, Box #: Part Cary Deep Grs unit (Make/Model) Digital Mayp/Pook Digital Mayp/Pook Top Digi	2 WATER WELL OV	VNER: BELK	LEY BUH	RLE	Calla	ction Method:				
SLOCATE WELL WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1 of the control of the cont	RR#, Street Address,	Box #: 287	CAYWO	od De						
A DEPTH OF COMPLETED WELL Completed	City, State, ZIP Code	PAL	mA de	1-2401	Fot A	Digital Map/Photo, Topographic Map, Land Survey				
SECTION BOX: SECTION BOX: A DEPTH OF COMPLETED WELL S. .	3 LOCATE WELL						3 m, 3-3 m,	э-15 ш, <u>Г</u>] >13 III	
Depth(s) Groundwater Encountered 1.	1	4 DEPTH OF	COMPLETED W	ELL	8	ft.				
Pump test data: Well water was	1	Depth(s) Ground	lwater Encountered	1 (1) 2 .2.	ft.	(2)	ft. (3	3) 	, ft.	
Pump test data: Well water was	WELL'S STATIC WATER LEVEL. 2ft. below land surface measured on mo/day/yr. 23									
Bore Hole Diameter	Pump test data: Well water was									
WELL WATER TO BE USED AS: Dublic water supply Geothermal Geothermal Other (Specify below)		EST. YIELD	gpmq Well w	ater was	ππ	aπer	nours pum	oing	gpm	
Sw. Se.										
Irrigation Industrial Domestic-lawn & garden Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No	Demostic Description Official control of Demostration Defect (Secrific below)									
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/y sample was submitted. Yes No Water well disinfected? Yes No No No Water well disinfected? Yes No No No Water well disinfected? Yes No STYPE OF CASING JUSTE Steel Steel Steel Water well disinfected? Yes No Style Clamped Welded Threaded Casing diameter Justice Just										
Water well disinfected? Yes No										
STYPE OF CASING USED: Steel SPVC Other										
CASING JOINTS:	Water went distincted: [2] Tes									
Casing height above land surface							••••			
Casing height above land surface	CASING JOINTS: Glued Clamped Welded Threaded									
TYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stailes Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Data Gauze wrapped Torch cut Drilled holes None (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Data Gauze wrapped Saw cut Other (specify) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Data Gauze wrapped Saw cut Other (specify) SCREEN OPERFORATED INTERVALS: From Saw cut Other (specify) From From ft. to ft. from ft	Casing diameter									
Steel Stainless Steel None used (open hole)	Casing neight above land surface									
Brass Galvanized Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot ASE Gauze wrapped Saw cut Other (specify) Continuous slot Switch Skep punched Wire wrapped Saw cut Other (specify) SCREEN-PERFORATED INTERVALS: From At to to ft, From ft to ft. From ft to ft, From ft to ft. GRAVEL PACK INTERVALS: From At to ft, From ft to ft. From ft to ft, From ft to ft. GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From ft to ft. GROUT MATERIAL: Neat cement Cement grout Gement grout										
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Ass. Gauze wrapped Torch cut Drilled holes Nonc (open hole)	Brass Galvanized Steel None used (open hole)									
Couvered shutter Key punched Wire wrapped Saw out Other (specify)	SCREEN OR PERFORATION OPENINGS ARE:									
From	Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)									
From	SCREEN PERFORATED INTERVALS: From A to A F									
From	From ft to A From ft to A									
From. ft. to ft.	GRAVEL PACK INTERVALS: From 23 ft to 57 ft From ft to ft									
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other Grout Intervals: From	From									
Grout Intervals: From ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.	6 GROUT MATERIAL: ☐ Neat cement ☐ Cement grout ☐ Bentonite ☐ Other									
Septic tank		ı 🖊 ft. to	 ft., Fi	rom	ft. to	ft.,	From	ft. to	ft.	
Sewer lines Sewage lagoon Fuel storage Oil well/gas well Seepage pit Feedyard Pertilizer storage Oil well/gas well Distance from well Seepage pit From vell Seepage pit Distance from well Distance from well Seepage pit Distance from well Distance from										
Watertight sewer lines Seepage pit Feedyard Distance from well Distanc								er (specify	below)	
Direction from well	Watertight sewer l	ines Seepage p	it Feedvard							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mg/day/year) 04.23.12, and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3.66 This Water Well Record was completed on (mg/day/year) 04.23.12. and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3.66 This Water Well Record was completed on (mg/day/year) 04.23.12. under the business name of 2.65.71.08.66 PMMP. SELVICE. by (signature) 1.06 Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson'St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.	Direction from well	SOUTH W	est	Distance		ell식호	•••••			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 0.1			IC LOG	FROM	TO	LITHO. LO	OG (cont.) or PLU	GGING II	NTERVALS	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, if reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 0.6			.							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year) 23										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 2.1				-						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year) 2			MEB THE							
under my jurisdiction and was completed on (mo/day/year) D.4	O TIPI	L GENY								
under my jurisdiction and was completed on (mo/day/year) D.4										
under my jurisdiction and was completed on (mo/day/year) D.4		•					···			
under my jurisdiction and was completed on (mo/day/year) D.4										
under my jurisdiction and was completed on (mo/day/year) D.4										
Kansas Water Well Contractor's License No										
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and <u>Fleck</u> the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .	under my jurisdiction and	was completed or	n (mo/day/year) 🖸	6.7.23.7.2. a	nd this r	ecord is true t	o the best of my ki	nowledge	and belief.	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and <u>Fleck</u> the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include <u>fee</u> of \$5.00 for each <u>constructed</u> well. Visit us at http://www.kdheks.gov/waterwell/index.html .	Kansas Water Well Contr	actor's License N	o	is Water Well F	Record w	as completed	on (mo/da/(year)	y.oa	G-1.5.	
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http://www.kdheks.gov/waterwell/index.html.	(white, blue, pink) to Kansas I	Department of Health	and Environment, Bure	eau of Water, Geol	logy Section	on, 1000 SW Jac	kson St., Suite 420, T	opeka, Kan	sas 66612-136	
			ER WELL OWNER a	nd retain one for	уошг гесон	rds. Include <u>fee</u>	of \$5.00 for each co	nstructed w	ell. Visit us	
	KSA 82a-1212	on maca.num.								