|   |                 |  | WATE   | ER WELL RECORD   | Form WWC-5                              |                          | 2a-1212                                 |                         |  |  |  |
|---|-----------------|--|--|--|---|--------------------------|---|-------------------------|--|--|--|
| and a   | ON OF WAT       |  | Fraction   |  |   | ction Numbe              | er Township Nu                          | mber                    | Range Number   |  |  |
| County: <   | 500H            |  | A/W 1/4  | NW 14 51   |   | 33_                      | <u> </u>                                | S                       | I R 灵 3 E(W)   |  |  |
| Distance a  |                 |  |  | address of well if located   |   |                          |   |                         | Nagaratin .  |  |  |
| , L   | 1 Wesi          | + 3 N  | arth of  | Scott Con  | 7, 16                                   | 2/150/5                  |   |                         |  |  |  |
| 2 WATER   | R WELL OW       | NER: Floyd,  | Kraba  |  | 1 / .                                   |                          |   | Pal                     | bonner Mell  |  |  |
| RR#, St.  | Address, Box    | :#:  | mr i l   | . /  |   |                          | Board of Ag                             | riculture, I            | acomes of Well<br>Division of Water Resources  |  |  |
| City, State   | , ZIP Code      | Scott 6  | Whi. X   | ansas 6787   | MS45 67871                              |                          |   | Application Number: 827 |  |  |  |
| LOCATI  | E WELL'S LO     | DOCATION WITHIAL   | DEPTH OF C   |  |   | ft FLEV                  |   |                         |  |  |  |
| -J AN "X"   | IN SECTION      | 1 F(1)(. h   |  |  |   |                          |   |                         |  |  |  |
| rus.  |                 | MANAGEMENT CONTRACTOR  |  |  |   |                          |   |                         |  |  |  |
|   | i               | 1  |  |  |   |                          |   |                         | mping gpm  |  |  |
| -   | - NW            | NE E   |  |  |   |                          |   |                         | mping gpm<br>mping gpm   |  |  |
| 8   |                 | · I I  |  |  |   |                          |   | •                       |  |  |  |
| ž w -   |                 | ACCUPATION DATES AND ACCUPATION OF THE PROPERTY OF THE PROPERT | 1  |  |   |                          |   |                         | to   |  |  |
| ~~  |                 |  |  |  | 5 Public wate                           |                          | •                                       |                         | •  |  |  |
|   | _ SW            | as on SF as as   | 1 Domestic   |  |   |                          | -                                       |                         | Other (Specify below)  |  |  |
|   | 1               |  | 2)Irrigation   |  | •                                       |                          | -                                       |                         |  |  |  |
| ∮ L   |                 | annamentamentamentamentament   |  | bacteriological sample su  | ubmitted to D                           | epartment?               | YesNo                                   | ; If yes,               | mo/day/yr sample was sub   |  |  |
|   |                 | THE SAME STATE STA | itted  |  |   | <u>V</u>                 | later Well Disinfected                  | l? Yes                  | No   |  |  |
| eed.  |                 | ASING USED:  |  | 5 Wrought iron   | 8 Concr                                 |                          |   | VTS: Glued              | dClamped   |  |  |
| 1 Steel 3 RMP (SR)                                    |                 |  |  | 6 Asbestos-Cement  | (specify bel                            | ow)                      | Weld                                    | ed                      |  |  |  |
| 2 PV  |                 | 4 ABS  |  | 7 Fiberglass   |   |                          |   |                         | aded   |  |  |
|   |                 |  |  |  |   |                          |   |                         | in. to ft.   |  |  |
| Casing he   | ight above la   | nd surface   |  | .in., weight   |   | lb:                      | s./ft. Wall thickness o                 | r gauge N               | o  |  |  |
| TYPE OF   | SCREEN OF       | R PERFORATION N  | MATERIAL:  |  | 7 PV                                    | 'C                       | 10 Asbe                                 | estos-ceme              | ent  |  |  |
| 1 Steel 3 Stainless steel                             |                 |  | 5 Fiberglass 8 RMP (SR)  |  |   | 11 Other (specify)       |   |                         |  |  |  |
| 2 Brass 4 Galvanized steel                            |                 |  | 6 Concrete tile 9 ABS  |  | S                                       | 12 None used (open hole) |   |                         |  |  |  |
| SCREEN OR PERFORATION OPENINGS ARE:                   |                 |  |  | 5 Gauze  | d wrapped                               |                          | 8 Saw cut 11 None (open hole)           |                         | 11 None (open hole)  |  |  |
| 1 Continuous slot 3 Mill slot                         |                 |  |  | 6 Wire wrapped   |   |                          | 9 Drilled holes                         |                         | ,  |  |  |
| 2 Lo  | uvered shutte   | er 4 Key   | punched  | 7 Torch  | • •                                     |                          | 10 Other (specify)                      |                         |  |  |  |
| SCREEN-I  | PERFORATE       | D INTERVALS:   | ·<br>· From  | ft. to   |   | ft. Fi                   | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                         | o  |  |  |
|   |                 |  |  |  |   |                          |   |                         | o  |  |  |
| (   | BRAVEL PAC      | CK INTERVALS:  |  |  |   |                          |   |                         | o  |  |  |
|   |                 |  | From   | 4  |   |                          |   |                         | ė.   |  |  |
| 6 GBOUT   | MATERIAL        | : 1 Neat cen   |  | 2 Cement grout   |   |                          |   |                         | o <u>m.</u>  |  |  |
| Grout Inte  |                 |  |  | 9  |   |                          |   |                         | ft. to   |  |  |
|   |                 |  |  | R., Trom   |   |                          |   |                         |  |  |  |
| What is the nearest source of possible contamination: |                 |  |  | 7 Dia maio a   |   | 10 Livestock pens        |   | 14 Abandoned water well |  |  |  |
| 1 Septic tank 4 Lateral lines                         |                 |  |  | 7 Pit privy  |   | 11 Fuel storage          |   | 15 Oil well/Gas well    |  |  |  |
| 2 Sewer lines 5 Cess poo                              |                 |  |  | 8 Sewage lagoon  |   | 12 Fertilizer storage    |   | 16 O                    | ther (specify below)   |  |  |
| 3 Watertight sewer lines 6 Seepage pit                |                 |  | e pit  | 9 Feedyard   |   | 13 Insecticide storage   |   |                         |  |  |  |
| Direction from well?                                  |                 |  | 1.00   | TEDOM  |   | any feet?                | TOOMO II                                | NITTE TOLKALL A         |  |  |  |
| FROM  | TO LITHOLOG     |  | LITHOLOGIC   | LOG  | FROM                                    | ТО                       |   | PLUGGING INTERVALS      |  |  |  |
|   |                 |  |  | And the second and th | 190                                     | 120                      | Washed Sand, " Graye                    |                         | OTRYY  |  |  |
|   |                 |  |  |  | 120                                     | 0                        | Compact,                                | #/#5 ,                  | F.CKYS   |  |  |
|   |                 |  |  |  | 10                                      | 3                        | Concrete                                |                         |  |  |  |
|   |                 |  |  |  |   |                          |   |                         |  |  |  |
| ****  |                 |  |  |  |   |                          |   |                         |  |  |  |
|   |                 |  |  |  |   |                          |   |                         |  |  |  |
|   |                 |  |  |  |   |                          |   |                         |  |  |  |
|   |                 |  |  |  |   |                          |   |                         |  |  |  |
|   |                 |  |  |  |   |                          |   |                         |  |  |  |
|   |                 |  |  |  |   |                          |   |                         | 31 THE STREET CO. LEWIS CO., LANSING MICH. 1997 Sept. 1 |  |  |
|   |                 |  |  |  | 10-11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |                          |   |                         |  |  |  |
|   |                 |  | MITTER STATE OF THE STATE OF TH |  | 1                                       |                          |   |                         |  |  |  |
|   |                 |  |  | ,  | -                                       | 1                        |   |                         |  |  |  |
|   |                 | PA-2011 PA-01 (1009-1-2-009-2-2-00-2-2-1-2-00-2-2-1-2-00-2-2-1-2-00-2-2-1-2-1  |  |  | .,                                      |                          |   |                         |  |  |  |
|   | <u> </u>        |  |  |  |   | <del> </del>             |   |                         |  |  |  |
| - T   | 1               |  |  |  |   | <u> </u>                 | 1                                       | - N                     |  |  |  |
|   |                 |  |  |  |   |                          |   |                         | der my jurisdiction and was  |  |  |
|   |                 | year) . <i>J.D1.b.</i> .   | 5.00   |  |   |                          |   |                         | owledge and belief. Kansas   |  |  |
| Water We  | Il Contractor's | s License No   |  | This Water We  | ell Record wa                           | as complete              | d on (mo/day/yr)                        | 13.3                    | D. X. J. J. m. J   |  |  |
| under the   | business nar    | me of  | ***  |  |   | by (sign                 | natura) // All                          | ( < //                  | 11 MILLO   |  |  |

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.