|  |  |                            | R WELL RECORD   | Form WWC-                   | 5 KSA 82a         |  |  |
|--|--|----------------------------|---|-----------------------------|-------------------|--|--|
| LOCATION OF WATER                        | R WELL:  | Fraction                   |   | i                           | ction Number      | Township Number  | Range Number   |
| Journey:                                 |  | SE 1/4                     |   |                             | 36                | T 19 S   | R 16 E/W   |
| Distance and direction fro               | m nearest town   | or city street a           |   | -                           |                   |  |  |
|  |  |                            | 6-N 2-W, DF   | PAWNEE R                    | OCK,KS.           |  |  |
| WATER WELL OWNE                          | w  | DRILLING                   |   |                             |                   |  |  |
| RR#, St. Address, Box #                  |  | BOX *@#82                  |   |                             |                   | Board of Agriculture   | Division of Water Resource T91-0140  |
| City, State, ZIP Code                    |  | T BEND, KS                 |   |                             |                   | Application Number   | ,  |
| LOCATE WELL'S LOC<br>AN "X" IN SECTION B |  |                            |   |                             |                   |  |  |
| N N N OLOHOU                             |  | Depth(s) Ground            | dwater Encountered  | 1                           | ft. 2             | 2  | 3  |
| NW                                       | DE COMP ETC.   | ,,,,                       |   |                             |                   |  | pumping gp<br>pumping gp   |
| SW ««» «» «»                             | SE   | 1 Domestic<br>2 Irrigation | 3 Feedlot<br>4 Industrial   |                             | , , ,             | _  | 2 Other (Specify below)  |
|  |  | 9                          |   |                             | -                 |  |  |
| X  | TOTAL TOTAL BANK TO THE PARTY OF THE PARTY O |                            | rbacteriological sample   | submitted to t              | •                 | ·  | es, mo/day/yr sample was su  |
| I TOP OF DIANK OAC                       |  | nitted                     | P 141   | 0.0                         |                   | ter Well Disinfected? Yes  | No x   |
| TYPE OF BLANK CAS                        |  |                            | 9   | 8 Cond                      |                   |  | ıedx Clamped   |
| 1 Steel                                  | 3 RMP (SR)   | •                          | 6 Asbestos-Cement   |                             | r (specify belov  |  | elded  |
|  | 4 ABS  | 104                        | 7 Fiberglass  |                             |                   |  | readed   |
|  |  |                            |   |                             |                   |  | . in. to   |
|  |  |                            | .in., weight  |                             |                   | ft. Wall thickness or gauge  | No   |
| TYPE OF SCREEN OR F                      | PERFORATION  | MATERIAL:                  |   | ≯ P                         |                   | 10 Asbestos-ce   | ment   |
| 1 Steel 3 Stainless steel                |  |                            | 5 Fiberglass  | 8 RMP (SR)                  |                   | 11 Other (speci  | fy)  |
| 2 Brass 4 Galvanized steel               |  |                            | 6 Concrete tile   | 9 ABS                       |                   | 12 None used (   | open hole)   |
| SCREEN OR PERFORAT                       | TION OPENING   | S ARE:                     | 5 Gau   | . ,                         |                   | 8 Saw cut  | 11 None (open hole)  |
| 1 Continuous slot                        | IIIM &   | slot                       | 6 Wire  | ire wrapped 9 Drilled holes |                   |  |  |
| 2 Louvered shutter                       | 4 Key  | punched                    | 7 Toro  |                             |                   |  |  |
| GRAVEL PACK                              | INTERVALS:   | From                       | ft. to  |                             | ft., Fro          | m ft<br>m ft   | . to   |
| GROUT MATERIAL:                          | 1 Neat ce  | ment                       | 2 Cement grout  | ⅓ Ben                       |                   |  |  |
| Grout Intervals: From.                   | f  | t. to 20                   | ft., From   | ft.                         | to                | ft., From  | ft. to   |
| What is the nearest source               |  |                            | .,  |                             |                   |  | Abandoned water well   |
| 1 Septic tank                            | 7 Pit privy  | 7 Pit privy                |   | storage 15                  | Oil well/Gas well |  |  |
| 2 Sewer lines                            |  |                            |   |                             |                   | <del>-</del>   | Other (specify below)  |
| 3 Watertight sewer lines 6 Seepage pit   |  |                            | 8 Sewage lagoon<br>9 Feedyard   |                             |                   |  | JE   |
| Direction from well?                     |  | 30 Pr.                     | o i oodya.a   |                             | How ma            | 9  |  |
| FROM TO                                  |  | LITHOLOGIC                 | LOG   | FROM                        | ТО                | PLUGGING   | 3 INTERVALS  |
| 0 2                                      | TOP SOTE   |                            |   |                             |                   |  |  |
| 3 90                                     | EPAY SOIL  |                            |   |                             |                   | and the state of t |  |
| 90 124                                   | GRAV   | /FI                        |   |                             |                   |  |  |
| Ju 16.11                                 |  |                            |   |                             |                   |  |  |
|  |  |                            |   |                             |                   |  |  |
|  |  |                            |   |                             |                   |  |  |
|  |  |                            |   |                             |                   | Addition and the second |  |
|  |  |                            |   |                             |                   |  |  |
|  |  |                            | 78. 17.75.66  |                             |                   |  |  |
|  |  | 744                        |   |                             |                   | A SAME STATE AND A SAME | ······································   |
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|  |  |                            | THE TAXABLE PARTY OF THE PARTY |                             |                   | MALERIAL VIOLENCE CONTRACTOR OF THE PROPERTY O | A CONTROL OF THE CONT |
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|  |  |                            |   |                             | 1                 | 4.444.000  |  |
|  |  | O OFF-1-1                  | TIONI TIL   |                             | 1 / /=:           |  |  |
| 150                                      |  | "2 ")                      | (C) (C) (A)   |                             |                   | onstructed, or (3) plugged   |  |
| completed on (mo/day/ye                  |  |                            |   |                             | and this reco     | ord is true to the best of my  | knowledge and belief. Kans   |
| Water Well Contractor's L                |  | MATED 191                  | This Water  | well Record v               | as completed      | on (mo/day/yr)   | 7-21   |
| under the business name                  | of JHE 10  | WHIEN W                    | ELL SERVICE   |                             | by (signa         | iture) VOLOCU  | myerem   |

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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.