| LOCATION OF WA | TER WELL: | ATER WELL Fraction | - LOOND | Form WWC | | tion Number | Township Number | | | Range Number | | |
|--|---|---------------------------|---|-------------------------|-----------------|----------------------------|------------------------------|----------------------|-----------------------|--------------|------------|------------------|
| County: MCHe | rson | 5W | 1/4 N 6 | = 14 N | W 1/4 | 29 | Τ | 19 | s | R | 4 | (W) |
| Distance and direction | 4 | town or city st | reet addres | s of well if loc | ated within cit | y? | -4 | | | | | |
| ~ 0.5 | mile | WX | Cono | Nay | MAH | W4 5 | 6 | | | | | |
| WATER WELL OW | NER: W | Milliand | s mid | strain | · Ndtu | ralla | s Liqui | idos | Inc. | | | |
| RR#, St. Address, Box | K# : | 147 | -6.5± | = Are | | 11 6 | Board | of Agrici | ulture, D | ivision c | of Water I | Resources |
| City, State, ZIP Code | : | | | 00/ \ | ~ | 460 | | ation Nu | | | | |
| LOCATE WELL'S LO | | 4 DEPTH | OF COMPLE | ETED WELL. | 15.Z | ft. ELEVAT | 10N: | | | | | |
| AN "X" IN SECTION | N BOX: | 1 | | | 1 | | | | | | | |
| <u> </u> | | | | | ft. belo | | | | | | | |
| N X | i | 4 | | | ter was | | | | | | | |
| | NE | | | | ter was | | | | | | | |
| w | | 1 | • | | to 15.Z | | | | | | | π. |
| ∑ W | E | 1 Domes | | | Public water s | | Air conditio Dewaterino | • | | jection v | ecify belo | 0141) |
| sw - | SE | 2 Irrigation | | | Domestic (lawr | | | | | | | |
| 5 | - SE | | | | • | | | | , | , | | |
| <u>*</u> | i | | ical/bacteriolo | ogical sample s | ubmitted to Dep | | | • • | | no/day/yı | | 10 |
| S TYPE OF BLANK O | CACING LICED | mitted | E Mrou | ght iron | 8 Concre | | Well Disinfe | | | | | o ∦ .d |
| 1 Steel | 3 RMP (S | | | gnt iron stos-Cement | | te tile (specify below) | | IG JOIN | | | . Clampe | |
| 2 PVC | 4 ABS | ,,,, | 7 Fiber | | | specify below, | ' | | | | Flu | , |
| Blank casing diamete | | in to | | ~ | | | | | | | | <i>*</i> |
| Casing height above | | | | | | | | | | | | ' |
| | | | | ш | 7 PV | | | | | | 4.1.0. | <u></u> |
| TYPE OF SCREEN | OH PERFORA 3 Stainles | | 5 Fiber | nlass | | P (SR) | | 0 Asbes | | | | |
| 2 Brass | 4 Galvani | | | rete tile | 9 ABS | | | 2 None ι | | | | |
| SCREEN OR PERFO | ORATION OPE | NINGS ARE: | | 5 Gau | zed wrapped | | 8 Saw cut | t | | 11 Nor | ne (open | hole) |
| 1 Continuous slot | 3 N | fill slot | | | wrapped | | 9 Drilled h | | | | | • |
| 2 Louvered shutte | | Key punched | | | ch cut | | 10 Other (s | , | | | | |
| SCREEN-PERFORA | TED INTERVA | | | | | | | | | | | |
| GDAVEL D | ACK INTERVA | From | ≱ | ft. to . | | ft., From . | | | ft. te | 0 | | |
| GILAVELI | AON INTERIOR | | | | | | | | | | | |
| GROUT MATERIA | l · a 1 Neat o | rement | 2 Ceme | ent grout 🔿 | Renton | ite 40 | ther | April | 40 | to | | |
| GROUT MATERIA Grout Intervals: Fro | | ft to | 1 | ft From | 1 ft | to Z | ft Fro | m m | | ft to | | ft |
| | | | | , | | 10 Livesto | | | | | d water v | |
| | Vhat is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines | | | 7 Pit priv | 11 Fuel storage | | | 15 Oil well/Gas well | | | | |
| | 2 Sewer lines 5 Cess pool | | | 8 Sewage | = 1 | | | | Other (specify below) | | | |
| 3 Watertight sewer lines 6 Seepage pit | | | | 9 Feedya | | cide storage | | | | | | |
| Direction from well? | | 9 | | | | How many | - | | | | | |
| FROM TO | | LITHOLOGIC | LOG | | FROM | TO | | PLUG | GING IN | ITERVA | LS | |
| 0 10.2 | SIL | clay, | dV la | | | | | | | | | |
| 0 10.2 | | 1 7 1 | 0-0 | | | | | | | | | |
| 10.7 12.4 | Sitter | clay - | traco S | Sand | . Lt. bar | | | | | | | |
| , , , | 1 | 01 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 8 | 1 | | | | | | | |
| 124 15.2 | Clay, J | Ties train | Ω | ia m | | | | | | | | |
| | dr | | | | | | | | | | | |
| | | - | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1 | _ | | | | | | | | | | | |
| | | | | | | | | | | | | |
| CONTRACTOR'S C | R LANDOWNE | R'S CERTIFIC | CATION: Th | | | | | | | | | |
| completed on (mo/day | /year) (| 613102 | | | | and this record | is true to th | ne best c | | | | |
| CONTRACTOR'S Completed on (mo/day | /year) (| 613102 | ············ | This Water W | /ell Record wa | and this record | is true to th | ne best c | | owledge | | |
| ompleted on (mo/day | /year) ('s Licence No | 613102 | ············ | | /ell Record wa | and this record | is true to th n (mo/day/y | ne best c | f my kn | owledge | | |

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 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.