WATER WELL RECORD	Form WWC-5	Division of W	ater Resources; App. No.
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number Range Nu
County:  Distance and direction from nearest town or	NE4NE4NE	/3	T 2/S R 9
Distance and direction from nearest town or	city street address of well if	Global Positioni	ng Systems (decimal degrees, min. of 4
located within city?	U of sterring	Latitude:	
2105 135 K	d	Longitude:	
2 WATER WELL OWNER: Harve	y Axtell	Elevation:	
RR#, St. Address, Box # : 3/05	13th Rd	Datum:	
			n Mathad
3 LOCATE WELL'S 4 DEPTH OF CO	MPLETED WELL5.	Data Conectio	μι Metriod.
	WIPLETED WELL	<i>/</i>	π.
LOCATION	(1)	0 (0)	0 (2)
WITH AN "X" IN Depth(s) Groundwa	ter Encountered (1)	ft. (2)	ft. (3)
SECTION BOX: WELL'S STATIC V	WATER LEVEL	.ft. below land surf	ice measured on mo/day/yr. 3.7.26.
	ata: Well water was	tt. after	hours pumping
			hours pumping
WELL WATER TO	BE USED AS: 5 Public war	er supply 8 A	ir conditioning 11 Injection well
$W \mid         E \mid \square$ Domestic 3 F		r supply 9 D	
2 Irrigation 4 1	Industrial 7 Domestic (lav	n & garden) 10 M	Ionitoring well
SW   SE			• •
Was a chemical/bac			es No; If yes, mo/d
Sample was submitt	ed W	ater well disinfecte	1? Yes No
S			
5 TYPE OF CASING USED: 5 Wroug	ht Iron 9 Congreta ti	1a CASI	NG IOINTS: Glund - Clampa
1 Steel 2 DMD (SD) 6 Ashest	os-Cement 9 Other (spec	if (AS)	Welded
1 Steel 3 RMP (SR) 6 Asbest	os-Cement 9 Other (spec	ily below)	weided
ABS / Fibergi	ass	•	Inreaded
OPVC 4 ABS 7 Fibergl	2 It., Diameter	in. to	tt., Diameter in. to
Casing neight above land surface	in., weight	lbs./ft. Wall i	hickness or guage No
TYPE OF SCREEN OR PERFORATION MA			
1 Steel 3 Stainless Steel 5 Fil			11 Other (Specify)
	oncrete tile 8 RM (SR)	10 Asbestos-Cemen	12 None used (open hole)
SCREEN OR PERFORATION OPENINGS A			
1 Continuous slot 3 Mill slot 5	Gauzed wrapped 7 Torch	cut 9 Drilled hol	es 11 None (open hole)
2 Louvered shutter 4 Key punched 6	Wire wrapped & Saw cu	it 10 Other (spec	ify)
SCREEN-PERFORATED INTERVALS: From	mft. to ft. to	ft., From	ft. to
From	m ft. to	ft., From	ft. to
GRAVEL PACK INTERVALS: From	m <b>3</b> ft. to <b>3</b>	. <b>7</b> ft., From	ft. to
From	m	ft., From	ft. to
6 GROUT MATERIAL: 1 Neat cement	2 Cement grout Bentonit	e 4 Other	
		ft. to <b>Y.2</b>	. ft., From ft. to
What is the nearest source of possible contamin	nation:		
Septic tank 4 Lateral line	s 7 Pit privy 10 Liv	estock pens 13	Insecticide storage 16 Other (sp
2 Sewer lines 5 Cess pool	8 Sewage lagoon 11 Fue	el storage 14	Abandoned water well below)
3 Watertight sewer lines 6 Seepage pit		_	Oil well/gas well
Direction from well?			
FROM TO LITHOLOG		OM TO	PLUGGING INTERVALS
0 7 Sandy Cl Sig		10	TEOGRAG INTERVALS
7 27 Sand + Grave	/		
27 34 Br Clay 34 37 Sand & Grave			
37 43 Sandy Br Cla	· ·		
43 57 Sandy Br Cla	ravel		
57 60 Rocky Br Cla			
	7		
CONTRACTORS OF LANDOWNERS	CERTIFICATION: This	tomwell (1)	(2)
7 CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION: This wa	iter well was (1) con	structed, (2) reconstructed, or (3) plu
under my jurisdiction and was completed on (n	no/day/year) <b>82.648</b> .	and this record is tru	e to the best of my knowledge and b
under my jurisdiction and was completed on (n Kansas Water Well Contractor's License No	no/day/year) 8 2.6 4. . 4. 4. 7 This Water Well	and this record is tru Record was comple	ne to the best of my knowledge and b ted on (mo/day/year)
under my jurisdiction and was completed on (n Kansas Water Well Contractor's License No under the business name of Miller	no/day/year) 82.6. 48. .4.47 This Water Well	and this record is tru Record was comple by (signature)	ne to the best of my knowledge and be ted on (mo/day/year)
under my jurisdiction and was completed on (n Kansas Water Well Contractor's License No under the business name of ////er INSTRUCTIONS: Use typewriter or ball point pen. Pt	no/day/year) 82.64.9. .4.47 This Water Well Dr////ag LEASE PRESS PRMLY and PRINT	and this record is tru Record was comple by (signature)	ted on (mo/day/year)
<b>INSTRUCTIONS:</b> Use typewriter or ball point pen. <u>Pl</u> three copies to Kansas Department of Health and Environ	no/day/year)	and this record is tru Record was comple by (signature) clearly. Please fill in blation, 1000 SW Jackson S	ted on (mo/day/year)