1 LOCAT	ION OF WA	TER WEL		ELL RECOR	D Form WWC-5		ction Nu	ID No mber	Township Num	ber	Range Number
County:	Harve	ري ع	1	16 1/4 A	VE & NW		18		T 22	s	R / EAD
		_	rest town or cit	y street addr	ess of well if locate	d within city?		_	A		
2 WATER	WELL OW	NER:				- 9/	29	w	Dutch A	ve	
				itwill							
RR#, St. Ac City, State,	ZIP Code	:		nKS	67062				Application Nu	mber:	ivision of Water Resources
3 LOCATE			•••••		PLETED WELL	• •					
AN "X" IN	I SECTION	BOX:			ater Encountered	1 ft hei	ow land		2	ft. 3 .	6-8-04 ft.
	X	1		Pump t	est data: Well wa	ter was3		ft. at	fter	hours pu	ımping 2.5 gpm
	-NW	- NE -									ımping gpm
	1	1		omestic		Public water Oil field wate			8 Air conditioning 9 Dewatering		jection well ther (Specify below)
w	1		_E 21	rrigation							
	1	i									•
	-SW	- SE - 	Was a mitted	chemical/ba	cteriological sample	e submitted to	Departm		es; ter Well Disinfected?		o/day/yrs sample was sub No
	OF BLANK	CASING L	JSED:	5	Wrought iron	8 Concr	ete tile	,	CASING JOINT	S: Glued	d At Clamped
1 Steel 3 RMP (SR)							9 Other (specify below)			Welded	
@PVC	a diameter	4 A			Fiberglass				4 Di-		aded in. to ft.
											in. to
					. III., weigitt	ØPV		1	10 Asbes		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5					Fiberglass 8 RMP (SR)				11 Other (Specify)		
2 Bras	s	4 G	alvanized Stee	6	Concrete tile	9 AE	38		12 None	used (op	en hole)
SCREEN C	OR PERFOR	RATION C	PENINGS AR	E:		azed wrapped			Saw cut		11 None (open hole)
						e wrapped th cut			9 Drilled holes 10 Other (specify)		4
	ered shutte		4 Key pund	ned n <i>3</i>		•	_	_			
SCHEEN-F	PERFORAT	EDINIER					ft.,	From .	•••••••	ft. to	ft.
G	RAVEL PA	CK INTER	RVALS: From	n	3 ft. to	42	ft.,	From .		ft. to	
			Froi	n	ft. to		ft.,	From .	•••••	ft. to	ft.
6 GROU	T MATERIA		1 Neat cemen	t	2 Cement grout	∡ 3 Ben	tonite	4	Other		
Grout Inter			ft. to	23	ft., From	ft. i	to		ft From		ft. toft.
What is the			ossible contam		•				ock pens		bandoned water well
1 Septic tank 4 Lateral lines					7 Pit privy						il well/Gas well
2 Sewer lines 5 Cess pool					8 Sewag	e lagoon	12 Fertilizer storage			16 O	ther (specify below)
	-		Seepage pit		9 Feedya	ırd	13	Insecti	cide storage		
Direction from		NE				·····	Ho	w many			·
FROM	то		LITH	IOLOGIC LO	OG	FROM	то		PLUG	GING IN	TERVALS
0	26	Br	Clay		***						
26	3/	F	Sand								
3/	4/		A + G-		,						
4/	42	Jan	ed Ston	<u> </u>							
									RECE	IVE)
									AUG 2 0 2004		
								BUREAU OF		FWATER	
					·						
			•								
			,								
Z CONTRA	ACTOR'S	OR LAND	OWNER'S CE	RTIFICATIO	N: This water well	was (1) constr	ucted, (2	2) recor	nstructed, or (3) plug	ged und	er my jurisdiction and was
completed o	on (mo/dav/\	/ear)	6-8	-0Y			and	this rec	ord is true to the best on (mo/day/yr)	of my kn	owledge and belief. Kansas
P											

der the business name of Miller Diviling by (signature) by (signature)

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.