Section Number Fraction Fraction NE			W	ATER WELL REC	CORD Fo	rm WWC-	5 KSA 82a	a-1212 I	D No					
Distance and direction from mannest town or only steel address of well flocated within only? SE Intersection of railroad 7.4. & Washington St Hanston, KS 2] WATER WELL OWNER Winget Service Ris S. Address for a: PO Box 158 Chy, Sim. ZIP Code Hanston, KS 67849 Slock Steel Earston, KS 67849 Slock Steel Ears	1 LOCAT	TION OF WA								Township N	lumber	R	ange Nun	nber _
SET Intersection of railroad rd. & Washington St Hanston, KS 2) WATERWELD WINER Winget Service Fire, St. Address, Box # 120 Box 158 Fire, Stale, 270 Box 158 Sound of Agriculture, Division of Water Resources Application Number: ANYX IN SECTION WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH WITH	County: Ho	odgema:	n	NE 14	NW 1/4	SW	1/4	23		_T 22	S	R	22	_ EW
2 WATER WELL OWNER. Winget Service RR. S. Address for F. O. BOX 158 RR. S. Address for F. O. BOX 158 RR. S. Address for F. O. BOX 158 RR. S. Address for F. O. R. S. O. R.														•
Fig. 52, Address, Box # PO Box 158 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Board of Agriculture, Division of Water Resources (Cry. State, 2P Code Hanston, KS 678 49 Hanston, KS 67	SE I	nterse	ction of	railroa	d rd. 8	Wash	ington	St Ha	nston	, KS				
Cox, State, ZP Code : Hanston, KS 678 49 ILCOCATE WELLS LOCATION WITH J 6PETH OF COMPLETE WELL . 4,3 - 2 It. ELEVATION. N					ce									
Cox, State, ZP Code : Hanston, KS 678 49 ILCOCATE WELLS LOCATION WITH J 6PETH OF COMPLETE WELL . 4,3 - 2 It. ELEVATION. N	RR#, St. A	ddress, Box	# : PO B	ox 158						Board of A	griculture, D	Division o	f Water R	esources
Depthis Groundwater Encountered 1.2			: Hans	ton, KS	67849									
Pump lost data: Well water was ft. after hours pumping gom will be water was ft. after hours pumping gom was ft. after ft. gom ft. go	3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF (COMPLETED	WELL	3.2	ft. ELI	EVATION	:				
Pump lost data: Well water was ft. after hours pumping gom will be water was ft. after hours pumping gom was ft. after ft. gom ft. go		N SECTION		Depth(s) Grou	ndwater Enco	ountered _	. 1,		ft. 2		ft. 3	171515171	W.E	ft.
Est, Yeldo		N	ı	WELL'S STATI	C WATER LE	VEL3.5	?.≉ft. be	elow land su	rface me	asured on m	o/day/yr!	/ 23/	05	
WELL WATER TO BE USED AS: 5 Public water supply and a conditioning 12 Other (specify below) Was a chemical/bacteriological sample submitted to Department? Yes		1	1											
Section Casing dameter Casing Stanies Steel Section Sect	-	-NW	- NE	1										gp
Section Sect		!	1			llot (6 Oil field wat	er supply	∕ PD	ewatering	12 C	other (Sp	ecify belo	w)
STYPE OF BLANK CASING USED: S Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped Clampe	W		- 	2 Irrigation	4 indus	strial	7 Domestic (la	awn & garde	en) (10 M	lonitoring we	ii	•••••		
S TYPE OF BLANK CASING USED:		'	1										_	
Type OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Stage 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Wielded	-	-SW			al/bacteriolog	ical sampl	e submitted to	Departmer				no/day/yr	s sample	was sub-
See 3 RMF (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X Blank casing diameter 4 RS in. to 19 ft. Dia in. to ft.				mitted					Water V	Vell Disinfect	ed? Yes		(No	ソ
See 3 RMF (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X Blank casing diameter 4 RS in. to 19 ft. Dia in. to ft.	L	S												
Report ASS 7 Fiberglass 8 Int. to 19 Int. Dia Int. to Int. Dia Int. to Int. Dia Int. to Int. Dia			CASING USED:		5 Wrought	iron				CASING JC	INTS: Glue	d	Clampe	ł Ł
Blank casing diameter 4			•	R)					,					
Casing height above land surface \$-3\$. DE10W in, weight SCIT \$40\$ lbs./ft. Wall thickness or guage No. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Sizel 3 Stainless Sizel 5 Fiberglass 8 RMP (SR) 11 Other (Specify)	2 PyC		4 ABS		7 Fibergla: 1 9	SS	***************************************				Thre	aded	X	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Stale 3 stainless Site 5 Fiberglass 8 RMM (SR) 11 Other (Specify)	Blank casi	ng diameter		in. to		ft., Dia	h 40							
1 Steel					in., wei	ght	\mathcal{L}		lbs./f				•••••	
2 Brass					5 Eibergla	ee								
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Inlini slot 2 Couvered shutter 4 Key punched 7 Torch cut 10 Other (specify)											` '	,		
1 Continuous slot 1 Sign 1 Sign 2 Dillis slot 3 Dillis slot 3 Dillis slot 4 Key punched 7 Torch cut 10 Other (specify) 1.						5 Gu	azad wrannad	ı	Ω			•		nole)
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft. SCREEN-PERFORATED INTERVALS: From ft. to 19 ft., From ft. to ft. From ft. ft. ft. ft. ft. ft. ft. ft. ft.			\sim				• •					11 1401	ie (openi	iole)
SCREEN-PERFORATED INTERVALS: From 4.4 ft. to 1.9 ft. From ft. to ft. ft. from ft. to ft. ft. from ft.	1		_											ft.
From	SCREEN-	PERFORAT				ft. to	19	ft. F	rom		ft. to			ft.
From4.4				From		ft. to		ft., F	rom		ft. to			ft.
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Jentonite 4 Other	(GRAVEL PA	CK INTERVALS											
Grout Intervals: From1.7				From4.4.		tt. to	I Z	π., F	rom	•••••	ft. to		••••••	ft.
Grout Intervals: From1.7	6 GBOL	JT MATERIA	AL: 1 Nea	at cement	2 Ceme	nt arout	(3 Be	ntonite	4 Oth	er				
What is the nearest source of possible contamination: 1 Septic tank						_								
1 Septic tank 4 Lateral lines 7 Pit privy 1 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 15 Insecticide storage 16 Other (specify below) 15 Insecticide storage 16 Other (specify below) 16 Other Section 17 Insecticide storage 17 Insecticide storage 18 Other (specify below) 17 Insecticide storage 18 Other (specify below) 18 Insecticide storage 19 I					,									
2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 15 Topsoil 15 Insecticide storage 16 Other (specify below) 10 TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 10 Topsoil MW-33 10 Topsoil MW-33 10 Topsoil MW-33 11 Fertilizer storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 13 Insecticide storage 17 Topsoil 17 Insection MW-33 14 FROM TO PLUGGING INTERVALS 15 Topsoil MW-33 15 Light Tan Clay 15 Enown Clay 15	1 Sep	otic tank	4 Late	ral lines		7 Pit priv	v	(11)FI	uel storag	je				
Direction from well? North FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 5 Topsoil 5 10 Hard drilling Clays 10 15 Light Tan Clay 15 25 Brown Clay 25 30 Sands 30 35 Med fine sands/silt 35 44 Gray Green Clay Sands 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) onstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)6/2.4/.05	<u> </u>				, ,			_	_					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 5 Topsoil 5 10 Hard drilling Clays 10 15 Light Tan Clay 15 25 Brown Clay 25 30 Sands 30 35 Med fine sands/silt 35 44 Gray Green Clay Sands 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)6/.24/.05	3 Watertight sewer lines 6 Seepage pit							13 In	13 Insecticide storage					
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS Topsoil	Direction for	rom well?	North					How	many fee	t? 25	ft			
5 10 Hard drilling Clays 10 15 Light Tan Clay 15 25 Brown Clay 25 30 Sands 30 35 Med fine sands/silt 35 44 Gray Green Clay Sands 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) onstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)6./.24./.05	FROM			LITHOLOGI	C LOG		FROM	ТО			UGGING IN	ITERVAL	.S	
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30 35 Med fine sands/silt 35 44 Gray Green Clay Sands 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)6./.2.4./.0.5	15	25												
TONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)6./.2.4./.0.5	25	30												
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	30	35												
completed on (mo/day/year)	35	44	Gray Gr	een Clay	Sands									
completed on (mo/day/year)														
completed on (mo/day/year)														
completed on (mo/day/year)									1					
completed on (mo/day/year)														
completed on (mo/day/year)														
completed on (mo/day/year)									1					
completed on (mo/day/year)														
Water Well Contractor's Licence No	∠ CONTR	RACTOR'S	OR LANDOWNE	R'S CERTIFICA	TION: This v	vater well	was(1) ons	tructed, (2)	reconstru	cted, or (3)	plugged und	der my ju	risdiction	and was
under the business name of Pratt Well Environmental 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	completed of	on (mo/day/	year)6. / 2.4. /	.05				and th	is record i	s true to the b	est of my kr	nowledge	and belie	f. Kansas
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							er Well Recor				- 6	27-0	جري	
												200		

records. Fee of \$5.00 for each constructed well.