WA1	TER WELL	RECORD	Form WWC	C -5		Resources; App. No.	
C	ounty: ###	EWATER WELL:	Fraction WE 1/4	5W1/4	Section Number	Township Number T 23 S	Range Number R E
		ection from nearest town or ci	ty street address of	well if		Systems (decimal deg	rees, min. of 4 digits)
10	cated within c						
2 WATER WELL OWNER: CITY OF			WAISTEND		Elemetican		
F	R#, St. Addre	ss, Box # : 303 main	Street		Datum:		
(City, State, ZIP	Code : Hat Horad	iks 67050		Data Collection N	Method:	
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELLft.							
	OCATION						
V	WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)						
S							
Pump test data: Well water wasft. after. Est. Yield. Degpm: Well water wasft. after.							
WELL WATER TO BE USED AS: 5 Public water cumply 8 Air condition							
w -	NW NE						
│" ├	2 Irrigation 4 Industrial Domestic (lawn & garden) 10 Monitoring well						
-							
Sample was submitted							
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded							
2 PVC 4 ABS 7 Fiberglass							
Blank casing diameter							
Casing height above land surface							
TYPE OF SCREEN OR PERFORATION MATERIAL:							
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)							
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)							
From							
GRAVEL PACK INTERVALS: From							
From ft. to ft., From ft. to ft.							
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Pentonite 4 Other							
Grout Intervals: From							
What is the nearest source of possible contamination:							
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify							
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)							
Direction from well?							
FRO		LITHOLOGIC		FRON		PLUGGING INT	
	5 1	TOP SOIL					
ļ.,		//-					
_/	\d\rangle	CLAY					
70	1 2 2	PINE SAND					
00	1 32	PROE SANOY					
32	- 50	MEDIUM SAND					
		-					
7 CONTRACTORS OF LANDOWNER'S CERTIFICATION, This was all (2) and the district of the district							
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)							
Kansas Water Well Contractor's License No. 7.40 This Water Well Record was completed on the desired benefits and benefits.							
under the business name of whith RIUM TW. by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, inderline 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. Visit us at							

KSA 82a-1212

http://www.kdhe.state.ks.us/geo/waterwells.