WATER WELL RECORD	Form WWC-5	Division of W	ater Resources; App. No. 1	· · · · · · · · · · · · · · · · · · ·	
1 LOCATION OF WATER WELL:	Fraction	Section Numbe	r Township Number	Range Number	
County: REnO	SW1/4 NW 1/4 NW	1/4 23	T 23 S	R 5 E/W	
Distance and direction from pearest tou	on or city street address of well i	f Global Positioni			
Distance and direction from nearest town or city street address of well if Global Positioning Systems (decimal degrees, min. of 4 digits)					
located within city? Latitude:					
}		Longitude:			
2 WATER WELL OWNER: (ity A	A HUTCHINSON	Elevation:			
2 WATER WELL OWNER: City of Hutchinson RR#, St. Address, Box # : 125 E. Ave B		Elevation	Elevation:		
RR#, St. Address, Box # : 125 E.	AVEB	Datum:			
City, State, ZIP Code	11100 KS 67501	Data Collection	n Method:		
	COMPLETED WELL	2. 4. 6. 	11.		
LOCATION		. 4			
WITH AN "X" IN Depth(s) Groun	dwater Encountered (1)	ري ft. (2)	ft. (3).	ft.	
SECTION BOX: WELL'S STAT	Depth(s) Groundwater Encountered (1)				
SECTION BOX: WELL STAT	WELL STATIC WATER LEVEL				
	Pump test data: Well water wasft. after hours pumping gpm				
	Est. Yieldgpm: Well water wasft. after hours pumping gpm				
WELL WATER	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well				
NWNE 1 Domostic	1 D di 2 Farallat (Oil Gold water sumbly 0 Dewystering 12 Other (Specify below)				
	te 1 Domestic 5 recurs 6 on field water supply				
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) (1) Monitoring well					
OW CE			_		
Was a chemical	/bacteriological sample submitte	ed to Department? Ye	es No	If ves, mo/day/vrs	
Sample was sub	mitted	Water well disinfecte	d? Ves No 🖍	•	
Sample was submitted Water well disinfected? Yes No					
S					
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped					
	1 to Consent 0 Other (an	erif. Lalam)	Waldad	Clamped	
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded					
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded					
2)PVC 4 ABS 7 Fiberglass Threaded					
Casing height above land surface					
TYPE OF SCREEN OR PERFORATION	MATERIAL:				
1 Steel 3 Stainless Steel 5 Fiberglass PVC 9 ABS 11 Other (Specify)					
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)					
SCREEN OR PERFORATION OPENINGS ARE:					
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)					
1 Continuous slot (3/Mill slot) 3 Guazed wrapped 7 forch cut 9 Diffied foles 11 Note (open fole)					
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut, 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From 491/2 ft. to 591/2 ft., From ft. to ft.					
From					
CRAVEL BACK INTERIVALS. From 17 ft to 5941 ft From ft to ft					
GRAVEL PACK INTERVALS. From 12. It. to					
From ft. to ft., From ft. to ft.					
	A A A A A A A A A A A A A A A A A A A				
6 GROUT MATERIAL: 1 Neat ceme	nt 2 Cement grout Benton	nite 4 Other			
Grout Intervals: From O ft.	to	ft. to	ft From	ft. toft.	
What is the nearest source of possible contamination:					
			Insecticide Storage	16 Other (specify	
2 Sewer lines 5 Cess po		\mathcal{E}	Abandoned water well	below)	
3 Watertight sewer lines 6 Seepag	e pit 9 Feedyard 12 F	ertilizer Storage 15	Oil well/gas well	Unknown	
Direction from well?		many feet?	2		
The state of the s			PLUGGING INT	EDVALC	
		ROM TO	L L L L L L L L L L L L L L L L L L L	EKVALS	
UNKNOWN -	Pircet Push				
		- Increment		-	
				- ****	
7 CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION: This	water well was (1) con	structed, (2) reconstruc	ted, or (3) plugged	
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)					
Warran Wall Contractor's License No. 709 This Wester Well Record was completed on (molday/year) 5/20/07					
Kansas water well Contractor's License No					
under the business name of Hains Environmental Services by (signature) I Jesu Kalis 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					
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 En	vironment, Bureau of Water, Geology S	section, 1000 SW Jackson S	it., Suite 420, Topeka, Kansas	3 66612-136/. Telephone	
785-296-5522. Send one to WATER WELI	. OWNER and retain one for y	our records. Fee of	\$5.00 for each constructe	ed well. Visit us at	
http://www.lidho.etata.ke.ueloooluutaruulla					