		WA	ATER WELL REC	CORD For	n WWC-5	KSA 82a	1212 ID N	lo			
1 LOCATI	ON OF WAT	TER WELL:	Fraction			Se	ction Number	Township Numb	per R	ange Number	
County: E	DWARDS		NE 14	NW 1/4	SW	½ SE	33	T 24S	SR	19W E/W	
Distance an	d direction f	rom nearest to	wn or city street	address of we	II if located	within city?					
4TH S	ST. & CO	LONY IN K	KINSLEY, K	S							
			EY COOP E								
_	ldress, Box #	# : 4TH 8	COLONY LEY, KS					Board of Agricu Application Nu		f Water Resources	
		CATION WITH	4 DEPTH OF	COMPLETED	WELL	1.72	ft. ELEV	ATION:		.,,,,,	
	SECTION E		Depth(s) Grou	ndwater Enco	untered	1	.Q.,9f	t. 2ce measured on mo/da	ft. 3 . <u></u>	ft.	
	<u> </u>	<u> </u>	Pu	mp test data:	Well water	r was	ft.	after	hours pumping	gpm	
	-NW	- NF						after			
	···	1	WELL WATER 1 Domestic			Public water Oil field wate		8 Air conditioning 9 Dewatering	•		
	1	<u> </u>	2 Irrigation		rial 7	Domestic (la	wn & garden)	Monitoring wellE	3-MW-14		
		-				,	,	•			
	-sw	- SE	Was a chemic	al/bacteriologic	ral samnle	submitted to	Department?	Yes No VV · I	f ves_mo/day/yr	s sample was sub-	
was a chemical bacteriological sample submitted to bepartment: Tes 1905, morady yes sample was										No XX	
		I .								221	
5 7/05 6	S	ACINO LICED		5 M		0.0	-1-41-	OACINIC ICINIT	0. 01	Olaman	
5 TYPE C		ASING USED: 3 RMP (S		5 Wrought i		8 Conci	ete tile (specify belov			Clamped	
XX 2 PVC		4 ABS	, n	7 Fiberglas			` '	*,		×	
Blank casin	a diameter		in to	7.2	. ft. Dia			ft., Dia	i	n. toft.	
Casing heig	nht above lar	nd surface	all per ou	in weig	ht			. lbs./ft. Wall thickness	or guage No. 🊅	ch 40	
TYPE OF S	CREEN OR	PERFORATION	ON MATERIAL:	,,	XX						
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel				5 Fiberglas	5 Fiberglass		MP (SR)	11 Other (Specify)			
2 Bras		4 Galvani:	zed Steel	6 Concrete			38	12 None u	12 None used (open hole)		
SCREEN C	R PERFOR	ATION OPENII	NGS ARE:		5 Guaz	zed wrapped		8 Saw cut	11 Non	ne (open hole)	
1 Cont	3.4	•	6 Wire wrapped			9 Drilled holes					
ı	ered shutter	· 44	ey punched		7 Torch	n cut		10 Other (specify)	•••••	ft.	
SCREEN-P	ERFORATE	D INTERVALS		4.70	ft. to		ft., Fron	1	ft. to	ft.	
			From		ft. to		ft., Fron	۱	n. to	π.	
G	RAVEL PAC	CK INTERVALS						1			
		10/20	From		π. ιο		it., Fron	1	11. 10	IL	
6 GROU	T MATERIAI	L: 1 Nea	at cement	2 Cemen	t grout	- y yBer	ntonite	4 Other			
						ft.	to	ft., From	ft. to	ft.	
			contamination:	ACE				stock pens	14 Abandone		
1 Septic tank 4 Lateral lines					7 Pit privy		11 Fuel storage		15 Oil well/Gas well		
2 Sewer lines 5 Cess pool					8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)		
ہے۔ Wate	ertight sewe	r lines 6 See	page pit		9 Feedyard			13 Insecticide storage			
Direction from	المنين مسم	EAST			·		How ma	ny feet? 35 !			
FROM	ТО	Treat I	LITHOLOGI	C LOG		FROM	то	PLUGO	ING INTERVAL	S	
0	6"	CEMENT									
6"	5'	DARK CLA	v								
5"	10"	LIGHT TA									
10'	15'		TO MEDIC	IM CAND							
15'	20'										
13	-20	FINE TO	MEDIUM SAI	ALD TAHA				/_	1	. \	
								1 B-MV	V - 131		
								L'	7	7	
7 CONTRA	ACTOR'S O	R I ANDOWNE	EB'S CEDTIEIO	ATION: This	ater well	ge (throne	ructed (2) roo	onstructed, or (3) plug	aed under my it	risdiction and was	
	n (moldavlu		LAG CERTIFICA	THOIN, IIIIS W	arei Maii M	as (MVC)	and this r	ecord is true to the heet	of my knowledde	and belief. Kansas	
completed on (mo/day/year)02/04/05and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No											
under the hi	usiness nam	e of DD xmm	WELL SERV		יייי אייי אייי	AT DELEC	TON by	(signature)	رم محر سه	//	
INSTRUCT		TIMIT	AATTO DETKA	CC ENVIO	EXTANDED A LA	AL DIVIS	TON ,		- Cyll	7	
	IONS: Hee tuno	writer or hall point o	en. PLEASE PRESS	FIRMLY and PRINT	Clearly Place	e fill in blanks ur	derline or circle th	e correct answers Send ton th	ree copies to kansas	Department of Health	
and Enviror	nment, Bureau o	writer or ball point part of Water, Geology Seach constructed wel	en. <u>PLEASE PRESS</u> ection, 1000 SW Jack	FIRMLY and PRIN	clearly. Pleas	e fill in blanks, ur	derline or circle th	e correct answers. Send top th 5522. Send one to WATER WI	ree copies to Kansas ELL OWNER and reta	Department of Health in one for your	