WATER WELL RECORD Form WWC-5 KSA 82a-1212 ID No. 0050067

1 LOCATION OF WATER WELL:			Fraction				Sect	ion Number	Township Number		R	ange Numbe	er
ounty:	Hami	lton	SW	1/4 S	W 1/4	SE	1/4	36	T	<b>25</b> s	R	42	W
stance and	I direction from		or city stre	et address	of well if lo	ocated with	in city?						
	x 62 – Syrac		D		T I 14 I-					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	VELL OWNER						vironme	ent					
R#, St. Add	Iress, Box#	: 1000 St	W Jacks	on St., (	Ste. 410	,				of Agriculture		Water Reso	urces
ity, State, Z	IP Code	: I opeka	1, NO 001	012				***************************************	Applica	tion Number:			
AN "X" IN	WELL'S LOCA SECTION BO	X:	4 DEPTH	OF COMP	LETED W	ELL	43.	7 ft. ELE	VATION:	3	434.61 (*	TOC)	
			Depth of Completed Well 43.7 ft. ELEVATION: 3434.61 (TOC)  Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. WELL'S STATIC WATER LEVEL 26.98 ft. below TOC measured on mo/day/yr 04/23/14										
		NE	WELL'S ST	ATIC WAT	ER LEVEI	26.	98 ft.	below TOC	measured o	n mo/day/yr		04/23/1	4
l -	:	ine		Pump test	data: W	ell water w	as		ft. after	ho	urs pumpin	a	apm
0 E W		L E	Fst Vield	, amp toot	anm: W	ell water w	as		ft after	ho	urs pumpin	a	gpm gpm
-			Bore Hole [	Diameter	8.25	in to	4!	5	ft and		in. to		
	sw	SE	WELL WAT	ER TO BE	USED AS	5: 5 Pub	lic water si	upply	8 Air c	conditioning vatering	11 Injec	ction well	
	i		1 Don	nestic 3	Feed lot	6 Oil f	ield water	supply	9 Dew	atering	12 Othe	er (Specify be	elow)
	i X		2 Irrig	ation 4	Industrial	7 Law	n and gard	len (domest	tic) 10 Mc	nitoring well			
	S		Was a cher	nical/bacte	riological s	sample sub	mitted to I	Department'	? Yes	No X	f yes, mo/da	ay/yr sample	was
		l l	submitted		-	·		· W	ater Well Di	sinfected? You	es	No X	
TYPE OF	BLANK CASI			5	Wrought I	ron	8 Concr	ete tile		IG JOINTS:			d
1 Ste			SR)		-						Welded		
The second secon		14 ABS	•		Fiberglass						THE RESIDENCE OF THE PARTY OF T	Flusi	h
		end .							# Dia	Laurence de la constantina della constantina del	in to		fi
siank casing	diameter		. In. to		π., Dia		702		IL., DIA _		III. LU	SCH 40	n".
casing neigi	ht above land s	unace	U	In., v	veignt	··································	703 7	IDS./TC	. wall thick	0 Asbestos-	e No.		
	CREEN OR PE				l'ib availage			TO THE OWNER OF THE PARTY OF TH	The second secon				
1 Ste 2 Bra			iss steel nized steel					ABS		1 Other (spe 2 None used			
	55 R PERFORATI			O		Gauzed				cut			ole)
	ntinuous slot	94400000000000	Mill slot		Accomplished to the last of th	Wire wr			9 Drille				<i>'</i>
	vered shutter	- Annother and		ed	PER CONTRACTOR DESCRIPTION OF THE PER CO	Torch c				r (specify)			
	ERFORATED I							ft.	From		ft. to		ft.
JOILLINI			From		ft ·	to		ft	From		ft. to		ft.
GR	AVEL PACK IN	TERVALS:	From	21	ft	to	45	ff	From		ft. to		ft.
0.0	· · · · · · · · · · · · · · · · · · ·	TEITH LO.				to		ft	From		ft. to		ft.
6 CPOUT	MATERIAL:	1 Noat o	omont	2 Cor	nont grout		2 Box	tonite	4 Other				
0 0 0 0 0 0 0		4	ement	24	a C		Lobei	to ne	4 00101				
	als From				n. From		<sup>π.</sup>		estock pens				
	nearest source otic tank	oi possible d	ontaminatio 4 Lateral		7	Dit priva			stock pens	1	4 Abandon 5 Oil well/ ( 6 Other (sr	Gas well	"
	wer lines									e 1	6 Other (sr	ecify below)	,
	itertight sewer l		6 Seepag			Feedvard	igoon		ecticide stora	ana			
Direction fro	-		o ocopus	,0 pii	·			How mar					
FROM	ТО	CODE	LI	THOLOGI	C LOG		FROM	ТО	1	PLUGGI	NG INTER	VALS	
0	1	То	psoil/Gr	avel									
1	10		ty Clay,										
10	12.5		ty Clay t										
40 F	47.5	1	ay, tan, ve	ery little s	ilt, with th	nin							
12.5	17.5		iche Ity Clay, I	h	lia	h							
17.5	45	sar		Drown, St	ome canc	ne, some							
17.0	10	341	14	<del></del>	.,							· · · · · · · · · · · · · · · · · · ·	***************************************
			······································		.,								·········
									Survey	Date: 04	/25/14		
									Latitud	e: N 37.8	2821		
									Longit	ude: W 10	1.88009	)	
7 CONTR	ACTOR'S OR	LANDOWNE				r well was	Philosophy agreement from the	acoustic fermina					
completed	on (mo/day/yr)			04/22/1	4					best of my kr			
	Contractor's L				531		This	Water Well	Recond was	completed o	n (mo/day/y	<sub>(r)</sub> 05/1	2/14
under the b	usiness name	of	GSI	<b>Engine</b>	ering, L	.LC	b.	y (signature	e) /h/	1/4			
INSTR	RUCTIONS: Ple	ase fill in blank	s and circle	the correct a	answers. Se	end three co	pies to Kar	sas Departm	ent of Health	and Environm	ent, Bureau	of Water, 100	00 S W