		WA	TER WELL REC	ORD Form	1 WWC-5	KSA 82a-1	1212 ID N	o. <u>MW-2</u>			
1 LOCAT	TON OF WA	TER WELL:	Fraction		······································	Sec	tion Number	Township I	Number	Range Number	
County: F			SW 1/4	SW 1/4	SE 1/4		26	т 26	s	R 25 E(W)	
Distance and direction from nearest town or city street address of well if located within city? 600 West Trail Street, Dodge City, KS											
2 WATER WELL OWNER: Kansas Dept of Health and Environment - BER											
RR#, St. Address, Box # : 1000 SW Jackson, Suite 410 City, State, ZIP Code : Topeka, KS 66612 Board of Agriculture, Division of Water Resources Application Number:											
3 LOCATE	- WELLIO LO	CATION WITH	4 DEPTH OF C	OMPLETED V	VELL 4	7	ft. ELEVA				
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL											
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1										21/2010	
Pump test data: Well water wasft. after hours pumping									umping gpm		
_	Est. Yield										
	WELL WATER TO BE USED AS: 5 Fublic water supply 6 Air conditioning 11 injection well										
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub-											
mitted Water Well Disinfected? Yes No											
5 TYPE	OE BI ANK C	ASING USED:		5 Wrought in	on	8 Concre	te tile	CASING IC	NNTS: Glue	d Clamped	
1 Stee		3 RMP (S		6 Asbestos-			specify below			ded	
(2)PVC	;	4 ABS	•	7 Fiberglass				•		eaded	
Blank casing diameter											
Casing hei	ight above la	nd surface	Flush Mo	unt. in., weigh	t			lbs./ft. Wall thickr	ess or gua	je No. Sch 40	
TYPE OF	SCREEN OF	R PERFORATIO		⊘ PV					Asbestos-Cement		
1 Stee		3 Stainles	•			8 RMP (SR)			11 Other (Specify)		
2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)											
l .		RATION OPENII			5 Guazed			8 Saw cut		11 None (open hole)	
1 Continuous slot 3Mill slot 6 Wire wrapped 9 Drilled holes 2 Louwered shutter 4 Key purched 7 Torch cut 10 Other (specify)											
2 Converse distance 4 No. Parione 22											
SCREEN-PERFORATED INTERVALS: From											
GRAVEL PACK INTERVALS: From											
From ft. to ft., From ft. to ft. to ft.											
0001				0.0		(O)Part	!	4 Other			
	JT MATERIA		t cement	2 Cement						ft. toft.	
I			π. τοχχ.χ contamination:	n., Fro	т	11. 10				Abandoned water well	
l .		•			10 Livestoc		•	•			
, .	otic tank ver lines	5 Ces	ral lines 7 Pit privy		Sewage lag	toon.	\sim	-	_		
			•			100 11	12 Fertilizer storage 16 Other 13 Insecticide storage			suler (specify below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? How many feet?								***************************************			
FROM	TO		LITHOLOGIC	CLOG	T	FROM	ТО	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	UGGING IN	JTERVALS	
0	4	SAND Med	ium Grain (FILI								
4	8	CLAY	idiii Ordiii (i ici	-/							
8	47		ium to Coarse	with Gravel							
	7/	Crate, med	iditi to ocaroo	With Craver							

			•								
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
		Flush mount	waiver for site	approved							
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) 4/21/2010 and this record is true to the best of my knowledge and belief. Kansas											
Water Well	Contractor's	Licence No .7	08		This Water W	ell Record	was complete	d on (mo/dav/vr)	5/11/2010)	
1			a Environment				•	(signature)	alu-	lux	
						in blanks, und	erline or circle the	correct answers. Send	top three copie	s to Keessas Department of Health	
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 Karsas 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.											