Signature Sign	1	,		R WELL RECORD	Form WWC-5				
Delance and directory from nearest town or only street address of well if located within city? 3	•				į.			_	
WATER WELL SLOCATION NOTH RIP. S. DAGE S. SER. ZE COME THE S. BASSES SERVE SECTION STATE AN "X" IN SECTION BOX: WELL STATE WELL SLOCATION NOTH AN "X" IN SECTION BOX: WELL STATE WELL SLOCATION NOTH EXAMPLE SECTION SOX: WELL STATE WATER LEVEL					SE 1/4	36	T 2	5 S	R 26 X∈W
WATER WELL OWNER: Fig. 3 Address Box # Rr. 2, 30x 95 Board of Agriculture, Division of Water Resource Agriculture, Div	Distance and direc	16 West of	Dodge City.	ddress of well if local Kansas	ted within city?				
Sine, Sine, April Code The State of St									···
Type Cof BLANK CASING USED: 1 Skell Age of Burners 5 State 5			Mr. L	yle Townsend					
LOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL . 1,50	RR#, St. Address,	Box # :	Rt. 2	, Box 93				-	
AN XY IN SECTION BOXX Depth(s) Groundwater Encountered 1, Ifoct_ava3_Lab_2 n. 2 . ft. 3 . ft. 4 . ft. 5 . ft. below land surface measured on modetypy labrab 1, 4, 1987. W				City, Kansas			Application	Number:	
Depth(s) Groundwater Encountered 1. Ifoct aya3_Lb_Dc 2 2	LOCATE WELL	S LOCATION WITH	4 DEPTH OF C	OMPLETED WELL.	. 150	ft. ELEVAT	TION:	lone····	
Pump test data: Well water was ft. after hours pumping gop well water was ft. after hours pumping gop well strived 25 gom. Well water was ft. after hours pumping gop strived	AN "X" IN SEC	ION BOX:							
Pump test data: Well water was ft. after hours pumping gop well water was ft. after hours pumping gop well strived 25 gom. Well water was ft. after hours pumping gop strived	<u>, </u>								
Est. Yield 2,5 gpm: Well water was ft. after hours pumping gpp Bare Hole Diameter 8, 7/8, in. to 150, ft. and to 150, ft. and to 150 ft. and			1		-				
Bore Note Diameter 8, 2/8, in. to 450, ft., and in. to ft. Well LMYER PTO SEL USED AS 5 Public wetrosupply 8 Air conditioning 11 Injection well 3 (Commetter 8, 2/8, in. to 4, ft.) well was a chemicalibacteriological sample submitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted was a chemicalibacteriological sample submitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes 22. No. 22. (I yes, moldayly) sample was sul mitted to Department? Yes 22. (I yes, moldayly) sample was sul mitted to Department? Yes 22. (I yes, moldayly) sample was sul mitted to Department? Yes 22. (I yes, moldayly) sample was sul mitted to Department? Yes 22. (I yes, moldayly) sample was sul mitted to Department? Yes 22. (I yes, moldayly) sample was sul mitted to Department of Helphane and Part No. 1. (I yes, moldayly) sample was sul mitted to Department of Helphane and Part No. 1. (I yes, moldayly) sample was sul mitted to Department of Helphane and Part No. 1. (I yes, moldayly) sample was sul mitted to Department of Helphane and Part No. 1. (I	NW -	NE						-	
WELL WATER TO BE USED AS: S Poblic water supply 9 Eventering: 2 Impation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical bacteriological sample submitted to Department? Yes. No. XX: If yes, moldayiry sample was su mitted TYPE OF BLANK CASING USED: 1 Steel 3 RMF (SR) 5 Wought from 8 Concrete tile CASING JOINTS: Glave XX: No TYPE OF BLANK CASING USED: 1 Steel 3 RMF (SR) 6 Abbeston-Coment 9 Other (specify below) Welfer Well Distincted? Yes XX: No TYPE OF BLANK CASING USED: 1 Steel 3 RMF (SR) 6 Abbeston-Coment 9 Other (specify below) Welfer Well Distincted? Yes XX: No TYPE OF SCREEN OF PERFORATION MATERIAL: 1 Steel 3 Stainless sites 1 Fiberglass 8 RMF (SR) 11 Other (specify) 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OF PERFORATION OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OPENINGS ARE: 1 Steel 3 Stainless sites 5 Fiberglass 9 CRIEEN OPENINGS ARE: 1 Steel 3 Stainless sites 6 Fiberglass 9 CRIEEN OPENINGS AR	. ;								
Second S	<u>•</u> w	+ + + + + +							
2 Infigation 4 Industrial 7 Lawn and garden only 10 Observation (%) 2 Mas a chemical/bacteriological sample submitted to Department? Yes	. i						_		
Was a chemical/bacteriological sample submitted to Department? Yes.	sw -	SE"					-		
Type CP BLANK CASING USED: 5 Wought iron 8 Concrete tile CASING JOINTS: Glued XX. Clamped.	1 1 !	1 : 1	1		-				
TyPE OF BLANK CASING USED 5 Wought from 8 Concrete title CASING JOINTS: Glued XX PVC 4 ABS 7 Fiberglass Threaded	<u> </u>		1	bacteriological sample	Submitted to Di				
1. Steel 3 RMP (SR) 6 Abestos-Coment 9 Other (specify below) Wicked XXPVC 4 ABS 7 Fiberglass Threaded. Stark casing diameter 5 in to 110 in to 11	TYPE OF BLAN	K CVGING TIGED		E Wrought iron	9 Conor				
32 PVC				_					
Sank casing diameter		•	,			• •	•		
Description									
YE OF SCREEN OR PERFORATION MATERIAL:									_
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)				.in., weignt ∠ ⊷. ౖ .					•
2 Brass				5 5					
1 Confinuous slot 3 Mill slot 6 Wire wrapped 28 Saw cut 11 None (open hole)									
1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									•
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From									11 None (open hole)
CREEN-PERFORATED INTERVALS: From. 1,10 ft. to 1,50 ft., From ft. to ft. From ft.									
From			• •				٠.	• •	
GRAVEL PACK INTERVALS: From	SCREEN-PERFOR	ATED INTERVALS							
From ft. to ft., From ft., Fr									
GROUT MATERIAL: 1 Neat cement 2 Cement grout XX9 Bentonite 4 Other Continensis: From Continensis: Conti	GRAVEL	PACK INTERVALS				,)
Aftat is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well XX Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Dil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sever lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG TO PARTIE Gravel 48 51 Clay 51 57 Quicksand 57 61 Rlay 61 98 Med. Gravel 98 110 Clay 110 117 Med. Gravel 117 139 Clay, Med. to Lar. Sand & Gravel 119 140 Clay 119 Clay 1									
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3 Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? South How many feet? 150 FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG O 7 Tonsoil 7 48 Large Gravel 48 51 Clay 51 57 Quicksand 57 61 Rlay 61 98 Med. Gravel 98 110 Clay 110 117 Med. Gravel 117 139 Clay, Med. to Lar. Sand & Gravel 117 139 Clay, Med. to Lar. Sand & Gravel 118 150 Clay 139 150 Clay D'CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plegged under my jurisdiction and was completed on (mo/day/year) March. 10, 1987 and files record is true to the beginner of FRIESEN WINDNITL & SIPPLY TIC. INSTRUCTIONS: Use typewriter or bill point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle be correct answers. Send top three copies to Kansas Department of Health and Environment, Office of Oli Field and Environment, Global Geology, Regulation and Permitting Section, Topska, Kansas 66520-7500, Telephone: 913-862-9360. Send one	XX Septic tank	4 Late	eral lines	7 Pit privy		11 Fuels	torage	15 Oi	l well/Gas well
Direction from well? South	2 Sewer lines	5 Ces	s pool	8 Sewage la	goon	12 Fertiliz	er storage	16 Ot	her (specify below)
FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG O 7 Topsoil 7 48 Large Gravel 48 51 Clay 51 57 Quicksand 57 61 Blay 61 98 Med. Gravel 98 110 Clay 110 117 Med. Gravel 117 139 Clay, Med. to Lar. Sand & Gravel 117 139 Clay 139 150 Clay CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plagged under my jurisdiction and was completed on (mo/day/year) Narch 10, 1987 and this record is true to the peoplet my knowledge and belief. Kansar Water Well Contractor's License No. 252. This Water Well Record was completed on (mo/day/year) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle to confect answers. Send top three copies to Kansas Department of Health and Environment, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 6620-7500, Telephone: 913-862-9390. Send one	3 Watertight	sewer lines 6 See	page pit	9 Feedyard		13 Insecti	icide storage		
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) pługged under my jurisdiction and water well contractor is true to the base of my knowledge and belief. Kansar vater Well Contractor's License No. 252. This Water Well Record was completed on (mo/day/year) March 10, 1987. INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle be correct answers. Send top three copies to Kansas Department of Health and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one									
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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)									
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INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or cir 6le to effect answers. Send top three copies to Kansas Department of Health and Environment, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one	CONTRACTOR	'S OR LANDOWNE	ER'S CERTIFICATI	ON: This water well	was (1) constru	cted, (2) recor	nstructed, or (3)	alugged und	er my jurisdiction and was
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or cir 6le to effect answers. Send top three copies to Kansas Department of Health and Environment, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one	completed on (mo/	day/year)	March 10.	. 1987		and this recor	d is true to the by	of my kno	wledge and belief. Kansa:
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or cir 6le to effect answers. Send top three copies to Kansas Department of Health and Environment, Office of Oil Field and Environmental Geology, Regulation and Permitting Section, Topeka, Kansas 66620-7500, Telephone: 913-862-9360. Send one	completed on (mo/	day/year)	March 10.	. 1987		and this recor	d is true to the by	of my kno	wledge and belief. Kansas
	completed on (mo/ Water Well Contractunder the business	day/year)	March. 10, 252 EN WINDMILL	.1987 This Water & SUPPLY INC	Well Record wa	and this records completed of by (signate	d is true to the board (mo/day/yr ra	och my kno Ma ~	wiedge and belief. Kansas crch . 16., 1987
	completed on (mo/ Water Well Contract under the business INSTRUCTIONS: U	day/year)	March.10, 252 SEN WINDMILL int pen. PLEASE PRE	. 1987	Well Record wa	and this reconstant completed of by (signature) blanks, underline	d is true to the been (mo/day/viel)	answers. Sen	eviedge and belief. Kansa: arch . 16., 1987 d top three copies to Kansas

PREPAID