WATEI	R WELL	RECORD		Form WWC	-5	Division of Wa	ter Resources; App. No		
		F WATER WELL		Fraction		Section Number			
Coun	ty: K	ngman	town or oi	Clobal Positionin	T 2 7 S				
County: Kingman SE14 NE 14 NW14  Distance and direction from nearest town or city street address of well if located within city? W Edge of Mt Vernon						Global Positioning Systems (decimal degrees, min. of 4 digits)  Latitude:			
•						Longitude:			
2 WATER WELL OWNER: Pat Elpers RR#, St. Address, Box # : 15371 NE 5075						Elevation:			
RR#, St. Address, Box # : 15371 NE 5035 City, State, ZIP Code : C1						Datum:			
Cheney, K) 6/023						Data Collection Method:			
	ATE WEI	LL'S   4 DEPTH	OF COM	PLETED WELL	3.8	f	t.		
	WITH AN "X" IN Depth(s) Groundwater Encountered (1)								
	SECTION BOX: WELL'S STATIC WATER LEVEL								
	N			a: Well water was					
	Est. Yield								
W									
SW									
	Sample was submitted								
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Gluedk Clamped									
I				-Cement 9 Othe				Clamped	
Blank casing diameter									
Casing height above land surface									
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless Steel 5 Fiberglass (7)PVC 9 ABS 11 Other (Specify)									
1 Steel 3 Stainless Steel 5 Fiberglass									
SCREEN OR PERFORATION OPENINGS ARE:									
1 Continuous slot 3 Mill slot 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped Saw Cut 10 Other (specify)									
SCREEN-PERFORATED INTERVALS: From 2.8. ft. to 3.5. ft., From ft. to ft.									
From ft. to ft., From ft. to ft.									
GRAVEL PACK INTERVALS: From									
From									
6 GRO	UT MATE	CRIAL: 1 Neat ce	ement 2	Cement grout 386	entonite	4 Other			
Grout In						ft. to	ft., From	ft. toft.	
What is the nearest source of possible contamination:									
								16 Other (specify below)	
3 '	Watertight	sewer lines 6 See	epage pit	9 Feedyard			Oil well/gas well	open field	
		1?							
FROM	TO		HOLOGIC		FROM	TO N	PLUGGING IN	TERVALS	
9	9 18	Sand + S		+ Su Grave					
18	30	F-M Say		<u>a v e/ </u>	1				
30	37	Sand & S		ravel					
37	41	Shale							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was O constructed, (2) reconstructed, or (3) plugged									
under my jurisdiction and was completed on (mo/day/year) 4 6 and this record is true to the best of my knowledge and belief.									
Kansas Water Well Contractor's License No4.4.7 This Water Well Record was completed on (mo/day/year) 4.7.7 under the business name of Miller Drilling by (signature) by (signature)									
INSTRUC	CTIONS: Us	e typewriter or ball poir	nt pen. PLE	ASE PRESS FIRMLY and	PRINT clea	rly. Please fill in bla	nks, underline or circle the	e correct answers. Send top	
three copies to Kansas 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. Visit us at									
http://www.kdhe.state.ks.us/geo/waterwells.									