WATER WELI	מבכטשת	Form W	TWC-5	r	hindrian of Wints	r Resources App. N	In .	
	TO THE A STORY OF THE TAXABLE T.	Benetian		Cect		Township No.	Range Number	
	L	SEWSE WSE	1/ Alwy	1		T 28 S		
County: Sedawick 5E4SE4SE4NW4 Street/Rural Address of Well Location; if unknown, distance & direction					al Positioning	System (GPS) i	nformation:	
from pearest town or intersection; If at owner's address, check here					Latitude: N. 37.53 (O.Y			
I mile so of smersion of 55th and								
S. Ridge					Elevation:			
2 WATER WELL OWNER: ON Chan					Datum: WGS 84, NAD 83, NAD 27 Collection Method:			
RR#, Street Address, Box #: 6206 4 Lide.					S GPS unit (Make/Model: Grannin Etres 30)			
RR#, Street Address, Box #: 6306 5. Ald City, State, ZIP Code : Wichity & 67315					Digital Map/Photo, Topographic Map, Land Survey  Est. Accuracy: <a href="#">St. Accuracy: <a hre<="" td=""></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a></a>			
3 LOCATE WELL 50'								
WITH AN "X" IN 4 DEPTH OF COMPLETED WELL								
N N								
Pump test data: Well water was								
EST. YIELDgpm. Well water wasft. after								
n Rome Hole Diameter in to fit and in to								
WELL WATER TO BE USED AS: ☐ Public water supply ☐ Geothermal ☐ Injection well ☐ Domestic ☐ Feedlot ☐ Oil field water supply ☐ Dowatering ☐ Other (Specify below)								
-sw - se   Domestic   Feedlot   Oil field water supply   Dewstering   Other (speciry below)								
SW SE Irrigation Industrial Domestic-lawn & garden Monitoring well								
Was a chemical/bacteriological sample submitted to Department? [1] Fes LAL NO  S If yes, mo/day/yr sample was submitted								
Water well disinfected? ☐ Yes No								
5 TYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Warden								
Carine diameter	in to	ft. Diameter	in.	to	ft. D	iameter	., in, to ,	
Casing diamoter in to ft. Diameter in to ft. Diameter in to ft. Diameter in to ft. Casing height above land surface in, Weight 2 lbs./ft. Wall thickness or gauge No. Sch. 10								
TVDB OR SCREEN OF PERFORATION MATERIAL.								
Steel T Steinless Steel St PVC T Other (Specify)								
Bress Galvanized Steel None used (open hole)								
SCREEN OR PERFORATION OPENINGS ARE:  Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)								
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)  Louvered shutter Key punched Wire wrapped Saw out Other (specify)  SCREEN-PERFORATED INTERVALS: From. 1. ft. to 1. ft. from ft. to 1.								
SCREEN-PERFO	RATED INTERVALS:	From. <b>50</b>	ft. to . <b>60</b>		fl., From	ft.	to ft.	
		Prom.	fit to	<b>3F</b>	ft., From	tt.	to IL	
GRAVEI	PACK INTERVALS:	From	fl. to . Gs.		ft., From	fL	to ft:	
		From	ft. to	***	ft., From	п.	to ft.	
6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Grout Intervals: From ft. to ft.								
□ n	The second like	as Titamina.	Livestock	pens	Insecticide	storage	ner (specify below)	
Sewer lines	Lateral lin	Sewage lagoon	Fuel stora	ge	Abendoned	water well		
Watertight	acwer lines 🔛 Seepage p	it 🔛 Feedyard	Fertilizer a	torage	Oil well/ga	s well		
Direction nom	WGE)		FROM	TO TO	T TITLE TO	)(3 (acret ) as D( )	IGGING INTERVALS	
FROM TO	LITHOLOG	A	FROM	10	LILEO. LA	AT (CORE) OF FEE	OOMAO HATEN AVES	
0 lb 30	Brown Leun C	WY 1 7/21	<del> </del>		<del> </del>			
	Brown Fine	MED Suite	<del>  </del>	<del></del>	<del> </del>	~~~~~~		
30 48	Brown Lean Cl	Course Can	<del>  </del>		<u> </u>			
46 60	CALONIA PORT A	K TRAIL SKY TAYLOR	<b> </b>	···				
		<del></del>						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATIO! This water well was X constructed,     reconstructed, or   plugged								
under my jurisdiction and was completed on (mo/day/year) 1 23 /1 and this record is true to the best of my knowledge and belief.								
Kansas Water Well Contractor's License No 32.7 This Water Well Record was completed on (mo/day/year)								
under the business name of Case side. De 11 tog by (signature) for the business name of Case side. De 11 tog by (signature) for the business and check the correct suswers. Send three copies in STRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct suswers. Send three copies								
(white blue mint) to \$	Sunces Department of Health	and Environment Buteau	of Water Geol	DOV SECTI	OIL TOUGHT SAY 120	KEOL St. Suite 420.	TODEKAL STADERS GOOT4-130/.	
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and rotain one for your records. Include rec of \$5.00 for each constructed well. Visit us at								
http://www.kdbeks.gov/waterwell/index.html.								