WATER W	ELL RECO	RD	5	Division of Wa	iter Resources;	App. No.		***************************************		
1 LOCATIO	OF WATE	R WELL:	Fraction		Section Number			Range Nu		
County:	B9+	m naggest torre or -	ty street address of	11 if	Tabal Dasition	T28	S legimal de-	R S	H(V)	
County: Day 5 County: 1/4 Sturit 4 Stur				11 11 C	Global Positioning Systems (decimal degrees, min. of 4 digits) Latitude:					
					Longitude:					
2 WATER	WELL OWNE	R: TROY MC	EMCHERN		Elevation:			CONTRACTOR OF THE STATE OF THE	***************************************	
RR#, St. A	Address, Box #	CR: TROY MCI	nois		Datum:					
City, State	e, ZIP Code	PRATT, K	5 67124	_	Data Collection	n Method:				
3 LOCATE	WELL'S 4	DEPTH OF COM	PLETED WELL	38		t.	***************************************			
LOCATIO	ON					,				
WITH AN	N "X" IN De	epth(s) Groundwater	Encountered (1)	Ž	ft. (2)	f	t. (3).		ft.	
SECTION N		ELL'S STATIC WA	ATER LEVEL <i>o.</i> a: Well water was		below land surfa	ce measured	on mo/day	/yr	. J II	
			n: Well water was							
	' 1317	ELL WATER TO E	BE USED AS: 5 Publi	c water s	upply 8 A	ir conditionin	g 11 Inj	ection well	. 5pm	
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection values (Sp. 2014) Below the conditioning 12 Other (Sp. 2014) Below the conditioning 12 Other (Sp. 2014) Below the conditioning 13 Injection values (Sp. 2014) Below the conditioning 14 Injection values (Sp. 2014) Below the conditioning 15 Injection values (Sp. 2014) Below the conditioning 15 Injection values (Sp. 2014) Below the conditioning 15 Injection values (Sp. 2014) Below the conditioning 16 Injection values (Sp. 2014) Below the conditioning 17 Injection values (Sp. 2014) Below the conditioning 18 Injection values (Sp. 2014) Below the conditioning 19 Injection values (Sp. 2014) Below the condition value (Sp. 2014) Below the condition (Sp. 201								below)		
2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well									•••••	
sw	SW SE									
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs										
Sample was submitted water well disinfected? Tes. J. No										
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: GluedX Clamped										
1 Steel	3 RMP (S	(R) 6 Ashestos	"Cement 9 Other	(specify	helow)		Welded			
X2 PVC	4 ABS	7 Fiberglas	San y Oulei	(specify			Threaded	1		
Blank casing	diameter	in. to\$2	ft., Diameter		1. to 1	t., Diameter		in. to	ft.	
Casing neight	t above land sur	race	in., weight	? O 1	bs./ft. Wall t	hickness or g	uage No.			
TYPE OF SC	REEN OR PER	FORATION MATE	ERIAL:					and the state of t		
1 Steel 3 Stainless Steel 5 Fiberglass 77 PVC 9 ABS 11 Other (Specify)										
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)										
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot 3 Mill slot 5 Gauzed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)										
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)										
SCREEN-PERFORATED INTERVALS: From										
From										
GRAVEL PACK INTERVALS: From										
From										
6 GROUT N	MATERIAL:	1 Neat cement 2	Cement grout ABer	ntonite	4 Other					
Grout Intervals: From C. ft. to ft., From ft. to ft., From ft. to ft., From ft. to ft.									ft.	
		possible contamina		0.1.	- al- mari- 12 i	Impostal 1 (24000	16 Odlar (ooie-	
1 Seption 2 Serve		4 Lateral lines	1 /	0 Livesto		Insecticide st Abandoned v		16 Other (sp	есну	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel store 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer						Oil well/gas v		Work, no	01	
					y feet?			LOCATO	CM	
FROM T	O a	LITHOLOGIC		FROM	<u></u>			ERVALS		
0/	10 Cle	y TODSO:1								
10 3	O Fi	he sent								
30 3	8 00	alse Sin.	2							
		*			1					
		1								
					200					
7 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)										
under my juri	isdiction and wa	as completed on (mo	/day/year) . (.ll.and	this record is tru	e to the best	of my kno	wledge and b	elief.	
Kansas Water Well Contractor's License No. 7 This Water Well Record was completed on (mo/day/year). Co										
under the bus	siness name of	or hall point pen DIE	ASE PRESS FIRMI V and E	PRINT class	y (signature)	inks underline	or circle the	correct answers	Send ton	
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in branks, underline or circle the 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										
785-296-5522.	Send one to eks.gov/waterwell/in	WATER WELL OW	NER and retain one fo	r your re	ecords. Fee of	\$5.00 for eac	h construct	<u>ed</u> well. Vis	sit us at	
Lup.//www.kdhe	ks.gov/waterwell/li	IGGX,IIUIII.								