WATER WELL		Form WW6	C-5	Division of Wate	r Resources; App. No.		
1 LOCATION OF	WATER WELL:	Fraction	W	Section Number	Township Number	Range Number	
County: Nor	La O V	1/4SE 1/4:	<u> 500 1/4</u>	32	T 2 S	R 2 3 E/W	
Distance and direc	ty street address of	well if	Global Positionin	g Systems (decimal de	grees, min. of 4 digit		
located within city	A 3/1	101-36 or CA	3 4 5.	Latitude:			
2 ANY ALEAS AND ANY A	23/4 mb/20	est 1/4 /Ve	<u> </u>	i walinteller.			
RR# St Address	OWNER: 6127 50 Box# : 13311 US 1	2012	;	Elevation:		The state of the s	
City State ZIP C	'ode : 4 \ \	1000		Loculli.			
The state of the second second	Code : Norton, 10		and the second second second second	Data Collection I	Method:	And the state of t	
3 LOCATE WELL	'S 4 DEPTH OF COMPI	LETED WELL	5.4	ft.	A TOTAL STATE OF THE PROPERTY	·	
LOCATION WITH AN "X" I	AT TOTAL	10 <sup>10</sup> 1 1 1 (41)	9 P				
SECTION BOX:							
SECTION BUX:	WELL'S STATIC WATER LEVEL						
CANADAMAN MINISTER CONTROL OF CONTROL	Fet Vield	: Well water was	• • • • • • • • • • • • • • • • • • • •	ft. after	hours pumping	gpm	
	Est. Yieldgpm	E LICEIN A C. & D		It. after	hours pumping	gpm	
w NW NE	WELL WATER TO B	dlot 6 Oil fie	one water	supply 8 Air o	conditioning 11 Inje	ection well	
AA	E 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering (12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well (12 Other (Specify below) 12 Other (Specify below)						
avy an	-SWSE						
1 1 . 1 . 1	Was a chemical/bacteriological sample submitted to Department? Ver						
The state of the s	Sample was submitted						
S Agreet Mett distillected. Aes No No							
5 TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Clamped							
	RMP (SR) 6 Asbestos-6		icrete tile	CASING	JOINTS: Glued. )	Clamped	
2 DVC 4	A TOCY AT THE TOCK A			below)	Welded	************	
Blank casing diameter 5 in to 3U a ni-							
Casing height above land surface 30! in., weight 200 lbs./ft. Wall thickness or guage No.							
TYPE OF SCREEN C	OR PERFORATION MATE	RIAL:	****	ioshir aan mic	kness or guage No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
I Steel 3	Stainless Steel 5 Fibers	plass 7 PVC	Q A	\BS	11 (04) (0 16 )		
2 Brass 4 Galvanized Steal 6 Concrete tile 9 DM (CD) 10 41							
SCREEN OR PERFORATION OPENINGS ARE:							
1 Continuous slot Mill slot 5. Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)  2 Louvered shutter 4 Key punched 6 Wire wrapped 9 Source Cut 10 Oct							
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)							
SCREEN-PERFORATED INTERVALS: From 3.4 ft.							
GRAVEL PACK INTERDIVAL C. ft. to							
GRAVEL PACK INTERVALS: From							
From							
6 GRUUT MATERIAL: 1 Next cement 2 Comput							
Grout Intervals: From St. 10 Senionite 4 Other							
Grout Intervals: From ft. to							
1 Septic tank 4 Lateral lines 7 Pit privy (10 Linestal)							
2 Sewer lines 5 Cess pool 8 Sewage larger 11 7 11 11 11 11 11 11 11 11 11 11 11 1							
3 Watertight sew	er lines 6 Seenage mit o		2 Fertilize		ndoned water well	below)	
Direction from well?	East		low many	• • • • • • • • • • • • • • • • • • • •	wll/gas well	*******	
FROM TO	LITHOLOGIC I	LOG	FROM	feet? 2.5			
0 5 0	ilack Dinz		T WOIN	1-10-1	PLUGGING INTER	RVALS	
5 30 6	coun clay	t de la companya del la companya de la companya del la companya de	<b></b>	The same of the sa			
30 54 br	Iller note nous	Hod polo y.	<u> </u>				
54 FI	set rock	Triple Con	<b>}</b>				
			***************************************				
			-		anning service and the second process of the second		
		Period of the local community is a second of the contract of t					
The same of the sa		the house of the same of the s	***************************************				
			Mercus street, but 44 minutes con-	AC SALAN AND AND AND AND AND AND AND AND AND A			
		enegas particles on the color of the color o	ter from the control of the control				
				***************************************		TO STREET SHOW A CONTROL OF THE CONT	
CONTRACTOR'S	DR LANDOWNER'S CED	TIETCATION. T	hio				
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) .1/							
Kansas Water Well Contractor's License No. 75 ( This Water Well Record is true to the best of my knowledge and belief.  Under the business name of Caller Water Well Record was completed on (mo/day/year)							
Juder the business name	e of (2)		***************************************	red was completed o	n (mo/day/year)/.	1.28-11	
NSTRUCTIONS: Lies tunous	the state of the s	リンペタをロと近	Car Cy	(merunc) [ ]	of The VI	U	
NSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline of 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. Toneka Kansas 66612-1367. Talaphone 795							
	,		MC DOOR TO	Jackson St., Suite 420.	Foneka Kansas 66617_126	7 Talanhana 705	