WATER WELL RECORD	Form WWC	-5 Div	rision of Wate	r Resources; App. No.		
1 LOCATION OF WATER WELL: County: Inaman		Sw1/4 Section	n Number	Township Number T 30 S	Range Number R 7 E/W	
Distance and direction from nearest tow	n or city street address of w	ell if Global	Positioning	Systems (decimal deg		
In control we define a few of the control of the co						
Latitude: Longitude: Longitude:						
2 WATER WELL OWNER: FALL KIND.			Elevation:			
RR#, St. Address, Box # : and	RR#, St. Address, Box # : and NL 38" Datum:					
City, State, ZIP Code : Chency, K5 6 7025 Data Collection Method:						
3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL						
LOCATION						
WITH AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered (1)						
SECTION BOX: WELL'S STAT	SECTION BOX: WELL'S STATIC WATER LEVEL57ft. below land surface measured on mo/day/yr. 542.8					
N Pump to	Pump test data: Well water wasft. after hours pumping gpm					
	Est. Yield. 20gpm: Well water was					
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well						
W 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						
SW SE Was a shamical/hastorial given grown a submitted to Department? Was No. X . If you was /dec/ems						
Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs Sample was submitted						
Sample was submitted water well disinfected? Yes No						
					/	
	ought Iron 8 Con			G JOINTS: Glued.		
		er (specify below)			•	
2 PVC 4 ABS 7 Fiberglass Threaded						
Blank casing diameter						
TYPE OF SCREEN OR PERFORATION MATERIAL:						
		OARS		11 Other (Specify)		
1 Steel 3 Stainless Steel 5 Fiberglass 7 PVC 9 ABS 11 Other (Specify)						
SCREEN OR PERFORATION OPENINGS ARE:						
1 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						
SCREEN-PERFORATED INTERVALS: From 7.5 ft. to ft. From ft. to ft.						
From						
GRAVEL PACK INTERVALS: From						
From ft. to ft., From ft. to ft.						
CONCUENTATION AND AND AND AND AND AND AND AND AND AN						
Grout Intervals: From ft.	to 2 Cement grout 3 B	entonite 4 Othe	er		Α 40 Α	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 16 Other (specify						
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)						
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well						
Direction from well?	1	How many feet?			00	
	OGIC LOG	FROM TO		PLUGGING INT	ERVALS	
0,4 5011	- WATER-AND IN					
4 21 Fine Sa	d					
21 26 Braus 1	laus					
26 55 Fine san	4.0			- Andrews		
55 59 Sand.					,	
59 63 aray Clas	3./ _ /			111-2-3-		
63 84 0,5 and, 0	& fine Sund					
84 90 Ked Sheli	(
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)						
Kansas Water Well Contractor's License No						
under the business name of Lyman's Inc. by (signature) Wear Kyman						
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle tile 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						
INSTRUCTIONS: Use typewriter or ball point per	. PLEASE PRESS FIRMLY and	PRINT clearly. Plea	se fill in blank	s, underline or circle the c	orrect answers. Send top	
INSTRUCTIONS: Use typewriter or ball point per three copies to Kansas Department of Health and En 785-296-5522. Send one to WATER WELI	. PLEASE PRESS FIRMLY and vironment, Bureau of Water, Geo	PRINT clearly. Plea logy Section, 1000 S	se fill in blank W Jackson St.,	s, underline or circle the c Suite 420, Topeka, Kansas	orrect answers. Send top s 66612-1367. Telephone	