LOCATION OF V		I				i lownship Nu		Range Number
ounty: Sumne		NW :		W 1/4	9	T 32	S	R 4 B/W
			et address of well if loca	ted within city	?			•
1/4 mile E Arg	gonia Rd ar	id 1/2 mile N Hw	y 160					
WATER WELL	OWNER: Da	nville Cooperativ	⁄e					
 RR#, St. Address, I		-				Board of Agricu	lture. Divis	ion of Water Resources
ity, State, ZIP Co	de : D a	nville, Kansas 6'	7036			Application Num	•	
LOCATE WELL			COMPLETED WELL	16	# 515\	• •		63.75
WITH AN "X" IN	SECTION B	N. 1100	ndwater Encountered					
	N		TOWATER LEVEL					
' i	!	l I						
NW-			mp test data: Well wate					
	1		NA gpm: Well water					
W X	<u> </u>		meter in. to					
·	1		R TO BE USED AS: 5			-		njection well
sw-	SE-	1 Domesti						Other (Specify below)
- Svv	SE -	∠ irrigatio				10 Monitoring well		
			cal/bacteriological samp	le submitted to				
-	S	submitted				ater Well Disinfecte		No √
TYPE OF BLAN	IK CASING U	SED:	5 Wrought iron	8 Concr	ete tile	CASING JOIN	الا\TS: Glued	Clamped
1 Steel	3 RN	/IP (SR)	6 Asbestos-Cement	9 Other	(specify belo	ow)		ed ,
2)PVC	4 AE	BS	7 Fiberglass				Threa	ded √
lank casing diame	eter	in. to	.6 ft., Dia	in. t	to	ft., Dia		in. to
asing height abov	e land surfac	e3 .24	in., weight	<u></u>	lbs./	ft. Wall thickness o	or gauge N	Sch. 40
		RATION MATERIAL		(7)PV	С		estos-ceme	
1 Steel	3 Sta	ainless steel	5 Fiberglass	8 RM	P (SR)	11 Othe	r (specify)	
2 Brass	4 Ga	ılvanized steel	6 Concrete tile	9 AB			e used (ope	
CREEN OR PERF				ed wrapped	_	8 Saw cut		11 None (open hole)
1 Continuous		3 Mill slot		wrapped		9 Drilled holes		Trans (spermen)
		O Javan Olde						
2 Louvered s		4 Key nunched	7 Torch			10 Other (specify)	1	
2 Louvered s	shutter	4 Key punched	7 Torch	n cut	ft Fr			ho
2 Louvered s CREEN-PERFOR	shutter	VALS: From	6	n cut 16		om	ft. ·	to
CREEN-PERFOR	shutter ATED INTER	VALS: From From	6ft. to	n cut . 16	ft., Fr	om	ft. ·	to
CREEN-PERFOR	shutter	VALS: From From VALS: From		16	ft., Fr	om	ft ft	to
CREEN-PERFOR GRAVEL I	shutter ATED INTER PACK INTER	VALS: From	6 ft. to	16	ft., Fr ft., Fr ft., Fr	om	ft ft ft	to
CREEN-PERFOR	shutter ATED INTER PACK INTER	VALS: From	6 ft. to	16	ft., Fr ft., Fr ft., Fr	om	ft ft ft	to
GRAVEL I GROUT MATER Frout Intervals:	Shutter ATED INTER PACK INTER IAL: 1 rom 0	VALS: From	6 ft. to ft. ft. ft. ft. ft. ft. fr. fr. fr. fr. fr. fr. fr. fr. fr. fr	16	ft., Fr ft., Fr ft., Fr nite 4	om	ft. ft. ft. ft. ft. ft. ft. ft. ft.	to
GRAVEL I GROUT MATER Grout Intervals: F What is the neares	Shutter ATED INTER PACK INTER IAL: 1 rom 0 t source of po	VALS: From From VALS: From From From Neat cement ft. to3 pssible contamination.	6	16	ft., Fr ft., Fr ft., Fr nite 4 to 5	om	ft. ft. ft.	to
GRAVEL I GROUT MATER Frout Intervals: F What is the neares 1 Septic tank	PACK INTER PACK INTER IAL: 1 rom 0 t source of po	VALS: From From VALS: From From Neat cement ft. to 3 possible contamination: Lateral lines	6 ft. to ft.	16	ft., Fr ft., Fr ft., Fr nite 4 to 5 10 Live	om	ft. ft. ft. ft. ft.	to
GRAVEL I GROUT MATER frout Intervals: F What is the neares 1 Septic tank 2 Sewer lines	Shutter ATED INTER PACK INTER IAL: 1 rom 0 t source of po	VALS: From	6	16	ft., Frft., Frft., Fr nite 4 to5 10 Live 11 Fuel 12 Fert	om	ft. ft. ft. ft. ft. 14 Ak 15 Oi	to
GRAVEL I GROUT MATER Frout Intervals: F What is the neares 1 Septic tank 2 Sewer lines 3 Watertight se	PACK INTER PACK INTER IAL: 1 rom 0 t source of po 4 wer lines 6	VALS: From	6 ft. to ft.	16	ft., Frft., Frft., Fr nite 4 to5 10 Live 11 Fuel 12 Fert 13 Inse	om	ft. ft. ft. ft. ft. 14 Ak 15 Oi	to
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GRAVEL I GROUT MATER Frout Intervals: F What is the neares 1 Septic tank 2 Sewer lines 3 Watertight se irrection from welf FROM TO	PACK INTER PACK INTER IAL: 1 rom 0 t source of po 4 swer lines 6 NE	VALS: From	ft. to ft. ft. ft. ft. ft. From ft. ft. From ft. ft. From	16	ft., Frft., Frft., Fr nite 4 to5 10 Live 11 Fuel 12 Fert 13 Inse	om	ft. ft. ft. ft. ft. 14 Ak 15 Oi	ito to to to the ft. to to andoned water well well/Gas well her (specify below) T. Basin
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INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

Form WWC-5

KSA 82a-1212