T 35 s R E W	WATER WELL REC	ORD	Form WW	C-5	Divisi	on of Water	Resources App. No		
StreetPutral Adfress of Well Location; if utuknown, distance & direction Close Condemnation Condemnatio					1		Township No.	Range Number	
From nearest town or intersection: If at owner's address, check here Latitude: (in docimal degrees) In decimal degrees) In decimal degrees In degree In degre	County: Hav per				i			A STATE OF THE PARTY OF THE PAR	
Longitude:									
Elevation: WGS 84, NAD 83, NAD 27	from nearest town or intersection: If at owner's address, check here					Langitude: (in decimal degrees)			
2 WATER WELL (WNEEL EARLY 1985 SAVE SIRRY, Street Address, Box # 1514 W. 40 City, State, ZIP Code Aprilhory, Es & 1002					Elevation	n'			
Strype of Casing begins and prints of the continuous and the continu				***************************************	Datum: [☐ WGS 84	i, 🗌 NAD 83, 🔲	NAD 27	
Strype of Casing begins and prints of the continuous and the continu	2 WATER WELL OWNER: Larry Sob Jones					Collection Method:			
SCOUNT STATE STA	City State 7IP Code : No. 11 - 1072				Digital Map/Photo. Topographic Map, Land Survey				
SECTION BOX: N	Oity, Suite, Eliz Code	. HULLIONA, F	3 4 100 3		Est. Accu	ıracy: 🗀 <	3 m, 🔲 3-5 m, 🗀	5-15 m, $\square > 15$ m	
SECTION BOX: Depth(s) Groundwater Encountered (1)				4)	0			
WELL'S STATIC WATER LEVEL	l l	4 DEPTH OF COMP	LETED WELL		Δ	π.	A /	(2) A	
Pump test data: Well water was ft. after hours pumping ggm will water was ft. after hours pumping ggm ft. local f	1	WEIT'S STATIC WA	TER I EVEI	1) ft	helow lan	d surface r	neasured on mo/d	av/vr	
STYPE OF CASING USED Steel Monitoring well Style Demostrate		Pump test da	ta: Well water	was	ft. af	ter	hours pum	ping gpm	
Bore Hole Diameter	1 1 1 1	EST. YIELD8gi	om. Well water v	vas	ft. af	ter	hours pum	ping gpm	
See Stainless Stee PVC Other Other (Specify) Other (Sp		Bore Hole Diameter	10in. to	.4Qf	t., and	in.	to	.ft.	
Irrigation									
Water well disinfected? Yes No Yes No Yes No Water well disinfected? Yes No Yes No Yes No Water well disinfected? Yes No Yes No STYPE OF CASING USED: Steel Yes Water well disinfected? Yes No Styles No Water well disinfected? Yes No Styles No Water well disinfected? Yes No Water well was Water well Water w	SW SE	W SE \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							
STYPE OF CASING USED: Steel PVC Other CASING JOINTS: Glued Clamped Welded Threaded Casing diameter 5. in to 1/2. ft. planeter in. to ft. Diameter in. to in. to in. Type in.	Was a chemical/bacteriological sample submitted to Department? T Yes X No								
Stype of Casing diameter	S If yes, mo/day/yr sample was submitted								
CASING JOINTS: Glued	mile	Water well disinfected	?⊠ÎYes □ N	o					
CASING JOINTS: Glued	5 TYPE OF CASING USED: Steel PVC Other								
Casing height above land surface	CASING IOINTS: \(\nabla\) Glued \(\pa\) Clamped \(\pa\) Welded \(\pa\) Threaded								
SCREEN OR PERFORATION MATERIAL:	Casing diameter								
Steel Stainless Steel None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) Continuous slot Mill slot Gauze wrapped Torch cut Other (specify) GRAVEL PACK INTERVALS: From 40. M. to M.	Casing height above land surface								
Galvanized Steel None used (open hole)	TYPE OF SCREEN OR PERFORATION MATERIAL:								
SCREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes None (open hole)	Steel Stainless Steel MrvC Specify)								
Conversed shutter Key punched Wire wrapped Saw cut Other (specify)	SCREEN OR PERFORATION OPENINGS ARE:								
From the to the first to the f	Continuous clot								
From the to the first to the f	Louvered shutter Likey punched Li Wire wrapped Zi Saw cut Li Other (specify)								
GRAVEL PACK INTERVALS: From 70. ft. to ft., From ft. to ft. ft. o ft. ft. ft. o ft. ft. ft. o ft. ft. ft. o ft. ft. ft. ft. ft. ft. ft. ft. ft.	From ft. to It. to It. to It.								
GROUT MATERIAL: Neat cement Cement grout Bentonite Other	GRAVEL PACK INTERVALS: From 40 ft. to 20 ft., From tt. to tt. to								
Grout Intervals: From 2.0. ft. to 5. ft., From ft. to ft., From ft., From ft. to ft., From ft., F	From								
What is the nearest source of possible contamination: Septic tank Lateral lines Pit privy Livestock pens Abandoned water well Watertight sewer lines Seepage pit Feedyard Fertilizer storage Abandoned water well Direction from well T.S.O. FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG Solvent lines Seepage pit Feedyard Fertilizer storage Oil well/gas well Distance from well T.S.O. FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC COME Solvent lines Seepage pit Feedyard From To LITHOLOGIC COME FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC COME Solvent lines Seepage pit Feedyard From To Lithologic Cont. or PLUGGING INTERVALS To Clay and fine Sand Brown Elear Solvent lines Seepage pit Feedyard From To Lithologic Cont. or PLUGGING INTERVALS To CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)	6 GROUT MATERIAL: Neat cement Cement grout Bentonite Other								
Septic tank									
Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well Direction from well Distance from well 75.0. FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC Cont.) or PLUGGING INTERVALS 10	Septic tank Lateral lines Pit privy Livestock pens Insecticide storage Other (specify below)								
Distance from well	Sewer lines Cesspool Sewage lagoon Fuel storage Abandoned water well								
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS S	,			J Fertilizer s	torage X	Oil well/gi	as well	****************************	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, or plugged under my jurisdiction and was completed on (mo/day/year)					TO	LITHO, L	OG (cont.) or PLU	UGGING INTERVALS	
10 25 Medium Sand Brown Elect 32 Medium Large Sand - Brown Elect 32 Medium Large Sand - Brown Elect 32 40 Medium Sand Shalk 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was a constructed, or plugged under my jurisdiction and was completed on (mo/day/year)			,						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)		, and fine Sand	(Brown Clau)						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)	10 25 Med	lium Sand - Brown	ni Clear			A			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged under my jurisdiction and was completed on (mo/day/year)	25 32 Medis	um/Carge Sand -	Brown & Clear						
Kansas Water Well Contractor's License No	32 40 Med	ium Sand/ Shak						<u></u>	
Kansas Water Well Contractor's License No									
Kansas Water Well Contractor's License No							and the second s		
Kansas Water Well Contractor's License No									
Kansas Water Well Contractor's License No									
Kansas Water Well Contractor's License No	7 CONTRACTOR'S OF	R LANDOWNER'S CI	ERTIFICATION	: This wat	er well was	s 💢 consti	ructed, 🗌 reconst	ructed, or plugged	
Kansas Water Well Contractor's License No	under my jurisdiction and	I was completed on (mo.	/day/year)5/.	e (.13 a	nd this reco	ord is true	to the best of my	knowledge and belief.	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks and check the correct answers. Send three copies (white blue nigh) to Kansas Department of Health and Environment Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 666 12-1367.	I I amaga Watan Wall Conti	unatawa Lizanca Na	X TYN Thie W	oter Well H	POORG WAS	complete	1 On (mo/oav/vea)	Name and Otto State of the contract of the con	
1 /white blue mink to Koncas Denar tment of Health and Environment Bureau of Water (16010gy Section, 1000 SW Jackson St., Suite 420, Topicka, Kansas 600 12-1507.	under the business name	ot	ACE DECC CIDALV	and DDINIT al	by (Sig	fill in blank	s and check the corre	ect answers. Send three copies	
The same of the sa	(white blue nink) to Kanege I	Jenar tment of Health and E.r.	ivironment Bureau o	f Water. Cieol	ogy Section.	1000 SW 38	ickson of, oute 420	, Topoka, ikanaaa ooo iz-isor.	
Telephone 785-296-5524. Send one copy to WATER WELL OWNER and retain one for your records. Include tee of \$5.00 for each constructed well. VI sit us at	Telephone 785-296-5524. Ser	nd one copy to WATER WI	ELL OWNER and re	tain one for	your records.	. I nclude <u>fe</u>	e of \$5.00 for each of	constructed well. Vi sit us at	
http://www.kdheks.gov/waterwell/index.html. KSA 82a-1212 Check: White Copy, Blue Copy, Pink Copy		ell/index.html			Chec	ck; W	hite Copy, B	lue Copy, Pink Copy	