County:	WATE	R WELI	RECORD	Form WWC-	5	Division of Water Resources; App. No.				
Latitude: Latitude: Longitude: Elevation: Longitude: Elevation: Longitude: Elevation: Longitude: Elevation: Longitude: Longi	1 LOCATION OF WATER WELL:			Fraction						
Latitude: Latitude: Longitude: Elevation: Longitude: Elevation: Longitude: Elevation: Longitude: Elevation: Longitude: Longi	Dieta	nce and di	rection from nearest town or ci	ty street address of we	11 if		itionina			
2 WATER WELL (WONERS: Do. 1) Grown RRF, St. Address. Box # City, State, ZIP Code Detail: Light C7749 LOCATION WITH AN "X" IN SECTION BOX: NOTE: The Company of the Compan	located within city?									
2 WATER WELL (WONERS: Do. 1) Grown RRF, St. Address. Box # City, State, ZIP Code Detail: Light C7749 LOCATION WITH AN "X" IN SECTION BOX: NOTE: The Company of the Compan	3.5 South & 3mi west bestin									
City, State, ZIP Code 3 LOCATE WELL'S LOCATION WITH AN 'N' IN SECTION BOX' IN SECTION BOX' SECTION SECTION BOX' SECTION SECTI	2 WATER WELL OWNER: John Brown						Elevation:			
3 LOCATE WELL'S LOCATION WITH AN 'S' IN SECTION BOX: ELL'S STATIC WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Now NE: WILL WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Now Section Box: ELL'S STATIC WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Now Section Box: ELL'S STATIC WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Nous Pumping. gpm ELL'S Well Water was. ft. after. Nous Section Box States S			ss, Box # :			Datum:				
3 LOCATE WELL'S LOCATION WITH AN 'S' IN SECTION BOX: ELL'S STATIC WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Now NE: WILL WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Now Section Box: ELL'S STATIC WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Now Section Box: ELL'S STATIC WATER LEVEL. 23.1. ft. below land surface measured on mo'day'yr. Pump test data: Well water was. ft. after. Nous Pumping. gpm ELL'S Well Water was. ft. after. Nous Section Box States S	City	, State, ZII	Code Oberlink	j 67749		Data Col	lection l	Method:		
SECTION BOX: N	1	3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL ft.								
SECTION BOX: N Pump test data: Well water was. R. after hours pumping. gpm Est. Yield. 5. gpm: Well water was. R. after hours pumping. gpm Est. Yield. 5. gpm: Well water was. R. after hours pumping. gpm Set. Yield. 5. gpm: Well water was. R. after hours pumping. gpm June 11 WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 3 Peedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Imgulion 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes. No. S, If yes, mo/day/yrs Sample was submitted. Was a chemical/bacteriological sample submitted to Department? Yes. No. S, If yes, mo/day/yrs Sample was as well as the state of t			P 41() C 1	T (1)	n'	0	(2)	6 (2)	0	
Pump test data: Well water was	1	WITH AN "A" IN Deptn(s) Groundwater Encountered (1) 24								
Est. Vield 5. gpm: Well water was	SEC	N Pump test data: Well water was ft after hours numping								
Was a chemical/bacteriological sample submitted to Department? Yes No No No No No No No N			☐ Est. Yield5gpm	n: Well water was		ft. after		hours pumping	gpm	
Sometic (laws a garden) 10 Domestic (laws a garden) 10 Monitoring 12 Uniter (specify below) Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs Sample was submitted Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs Water well disinfected? Yes No No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No Welded Sample was submitted Water well disinfected? Yes No Welded Sample was submitted Sample was submitted Water well disinfected? Yes No Welded Sample was submitted Sample Sa	NV									
Was a chemical/hacteriological sample submitted to Department? Yes No	w	W E Domestic 3 Feediot 6 On field water supply 9 Dewatering 12 Other (Specify below)								
STYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued. Clamped										
Sample was submitted	SV	/ SE -	- Was a chemical/bacter	iological sample subm	itted to I	Departmen	t? Yes.	No X:	If ves, mo/dav/vrs	
S TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile 15teel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded		Sample was submitted								
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded 1	· · · · · · · · · · · · · · · · · · ·									
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 7 Fiberglass Threaded Steel 1 Fiberglass Threaded Steel 1 Fiberglass Steel 1 Fiberglass Steel 1 Fiberglass Steel 1 Fiberglass TPVC 9 ABS 11 Other (Specify) Steel 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 10 Other (specify) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 10 Other (specify) SCREEN PERFORATED INTERVALS: From 47	5 TYPI	E OF CAS	ING USED: 5 Wrought 1	Iron 8 Concr	ete tile	· · · · · · · · · · · · · · · · · · ·	CASINO	G JOINTS: Glued.	Clamped	
Blank casing diameter in. to 32. ft., Diameter in. to ft., Diameter in. to ft. Casing height above land surface Ja. in., Weight lbs./ft. Wall thickness or guage No. 32. LV. TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 7.PVC 9 ABS 111 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: 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) ft. to ft. From ft. to ft., From ft. to ft. ft. to ft., From ft. to ft., From ft. to ft. ft. to ft., From ft. to ft. ft. ft. ft. ft. ft		Steel	3 RMP (SR) 6 Asbestos-	Cement 9 Other	(specify	below)		Welded		
Casing height above land surface	$\frac{2}{1}$	<u>PVC</u>	4 ABS 7 Fiberglass		•••••••			Threaded		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Stele 3 Stainless Stele 6 Fiberglass 7 PVC. 2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole) 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 4 1 10 Continuous slot 3 Mill slot 5 Gauzed wrapped 8 Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 4 1 10 Continuous slot 3 Mill slot 6 Mill	Blank casing diameter									
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1 Continuous slot 3 Mill slot 5 Gauzed wrapped 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify)	2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)									
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 47 ft. to 30 ft., From ft. to ft. From ft. to ft. to ft. ft. from ft. to ft. GRAVEL PACK INTERVALS: From 47 ft. to ft. to ft. ft. from ft. to ft. ft. GRAVEL PACK INTERVALS: From 47 ft. to ft. to ft. ft. from ft. to ft.										
SCREEN-PERFORATED INTERVALS: From										
From	SCREEN-PERFORATED INTERVALS: From 47 ft fo 33 ft From ft to									
From	From									
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	GRAVEL PACK INTERVALS: From									
Grout Intervals: From	From ft. to ft., From ft. to ft.									
Grout Intervals: From	6 GROUT MATERIAL: 1 Neat cement - 2 Cement grout 3 Rentonite 4 Other									
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well below) 15 Oil well/gas well 16 Other (specify 15 Oil well/gas well 17 Fortilizer storage 18 Owner will 18 Sewage lagoon 19 FROM TO 10 LITHOLOGIC LOG 10 FROM TO 11 Fuel storage 10 Insection of the water well 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well below) 15 Oil well/gas well 16 Other (specify 16 Other (specify 17 Other (specify 18 Other (specify 18 Other (specify 19 Other (specify 10 Livestock pens 13 Insecticide storage 14 Abandoned water well below) 15 Oil well/gas well 16 Other (specify 16 O										
2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 15 Oil well/gas well										
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well?										
Prection from well? How many feet? Sunct 11 Pres. FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 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) 3.10.10 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 3.1 This Water Well Record was completed on (mo/day/year) by (signature) INSTRUCTIONS: Use typewriter of ball poor pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the forect 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										
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS Top Sand If the Plugging Intervals TO PLUGGING INTERVALS Top TO PLUGGING INTERVALS Top Top Top Top Top Top Top To										
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). 31010 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 31.8 This Water Well Record was completed on (mo/day/year). 31010 by (signature). INSTRUCTIONS: Use typewriter of ball poor pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline of circle the forrect 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										
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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)	25	_								
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)	41	42								
under my jurisdiction and was completed on (mo/day/year) .3	42		21 MG							
under my jurisdiction and was completed on (mo/day/year) .3										
under my jurisdiction and was completed on (mo/day/year) .3										
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under my jurisdiction and was completed on (mo/day/year) .3										
under my jurisdiction and was completed on (mo/day/year) .3										
Kansas Water Well Contractor's License No. 31.8 This Water Well Record was completed on (mo/day/year)	7 CONT	TRACTO	R'S OR LANDOWNER'S CE	ERTIFICATION: Th	is water	well was (1) constr	ucted, (2) reconstructe	ed, or (3) plugged	
under the business name of by (signature) by	under m	y jurisdicti Water Well	on and was completed on (mo/	day/year) . 3.71.0.61	\mathbf{U} and	this record	is true t	to the best of my know	ledge and belief.	
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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	INSTRUC	CTIONS: Us	e typewriter or ball point pen. PLEA	SE PRESS FIRMLY and PR	RINT clear	ly. Please fi	ll in blanks	s, underline of circle the lo	rrect answers. Send top	
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<u></u>	http://www.kdheks.gov/waterwell/index.html.									