Distance and direction from nearest from or only WLSF Policy DF ATWOOD WLSF Policy DF ATWOOD WLSF WELL OWNER LYLE HELLICK RRS. SI ADDRESS Dis # JTJ 3 C. RR AU Application Number Application Number Board of Agriculture, Division of Water Resource Application Number Board of Agriculture, Division of Water Resource Application Number Board of Agriculture, Division of Water Resource Application Number 1 Ingection well in the Comment of the Commen			WATE	R WELL RECORD	Form WWC-5	KSA 82a-12	212		
Distance and direction from nearest from or city? WALSF FOCK OF ATWOOD WALSF WALSE WELL OWNER LYLE HELLICE RAF. SI. Address Box * : 73 5 . R.R. AU Chy, Stear, ZIP Code		VELL Fract	tion		Section		Township !		
WATER WELL OWNER PLYLE HELLICK RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC RRs. St. Address, Box # 173 S. CR. AUC Roy, State, ZPC Code : A ruse of the St. Auctor St. Address on the St. Auctor St.	County: KAWLINS		E 1/4	NI 1/4 SU	/ 1/4	8	T 3	S	R 33 EW
2] WATER WELL OWNER LYLE HELLICK RRY, SIA ADVESS 80 # 5 73 5 . R.R. AU C. (N.) State 2PF Code				OOD					
Specific Confidence Ar Lucy Obs. As As As As As As As	2 WATER WELL OWNER:	LYLE MEL	LICK						
DEPTH OF COMPLETED WELL 3.5 1. 8 pers lobe Dameter 3. in to 1. 1 more comment 3. 1 more commen	RR#, St. Address, Box #	J12 5. K	er Au	٤			Board of	Agriculture, [Division of Water Resource
Well Water to be used as 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 5 Feedlar 6 Oil field water supply 10 Observation well 12 Other (Spacify below) 12 Ingaten 4 Industrial Oil Mark and garden only 10 Observation well 10 Observation well 10 Observation well 10 Oil Mark and garden only 10 Observation well 10 Oil Mark and garden only 10 Observation well 10 Oil Mark and garden only 10 Oil Mark an									
1 Domestic 3 Feedeld: 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 1/2 It below land surface measured on	3 DEPTH OF COMPLETED	D WELL 3 グ	ft. B	ore Hole Diameter	. S in. t	o	ft., and		. in. to ft
2 Impation & Industrial Deavm and garden only 10 Observation well will static water level / If the below land surface measured on month 33 day 79, year will static water level / If the property of the prope	Well Water to be used as:	5 Pub	olic water s	upply	8 Air condition	oning	11 1	njection well	
Well water level	1 Domestic 3 Feedlot 6 Oil field water			supply	g	12 Other (Specify below)			
Pump Test Dala None Well water was Earl Mele Well water was In after house pumping								· · · · · · · · · · · · · · · · · ·	
Est Yeld Sum Well water was ft. after hours pumping gon Alt YPE OF SUM CASING USED 5 Mrought from 8 Concrete lile Casing Joints Gluid Clamped Sum Sum Clamped Sum	Well's static water level								
1 Steel 3 RMP (SR) 6 Asbestos-Gement 9 Other (specify below) Welded 7 Febrglass Threaded 7 Febrglass 8 FMP (SR) 11 Other (specify) 1 Febrglass 1 Feb	Pump Test Data NoNE. Est. Yield								
PVC A ABS 7 Fiberglass Threaded.	4 TYPE OF BLANK CASIN	IG USED:		5 Wrought iron	8 Concrete	e tile	Casing	Joints: Glued	Clamped
Blank casing dia		3 RMP (SR)		6 Asbestos-Cement	9 Other (s	pecify below)		Weld	ed
Casing height above land surface. A. In. weight A. 7. Ins. #t. Wall thickness or gauge NO ### 2 ## 3 ### 2 ## 3 ## 3 ## 3 ## 3 *# 3 ## 3 *# 3 *									
TYPEO F SCREEN OR PERFORATION MATERIAL: 1 Stele 3 Stainless stele 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvarized stele 6 Concrete tile 9 ABS 11 Other (specify) 1 Continuous stot 5 Mill stot 6 RVirre wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 2 Couvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 3 Coreen-Perforation Dia. 7 in. to ft. Dia ft. From ft. to ft. Dia ft. From ft. to ft. Dia ft. From ft. Dia ft. From ft. Dia ft. From ft. Dia ft. Dia ft. From ft. Dia ft. Dia ft. From ft. Dia ft. Dia ft. Dia ft. From ft. Dia ft. D									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 1 Continuous slot	Casing height above land su	urface 🖼 :	4	in., weight	. 2 . . 9	Ibs./ft	Wall thicknes	s or gauge N	105/160R.312
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Continuous siot 1 Continuous siot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 3 Ceren-Perforated Intervals: From 3 ft. to 1, bis in to ft. Dia in to ft. Dia in to 5 ft. From 1, to 5 ft. From 1, to	TYPE OF SCREEN OR PER	REPORATION MAT	ERIAL:		_		10 As	sbestos-ceme	nt
Screen or Perforation Openings Are 1 Continuous slot All islot 2 Louvered shutter 4 Key punched 7 Torch ut 10 Other (specify) Screen-Perforation Dia. In 10 It, Dia In 15 Screen-Perforation Intervals: From It, 10 It, Dia It, Dia It, From It, 10 Gravel Pack Intervals: From It, 10 It, Dia	1 Steel	3 Stainless steel		5 Fiberglass	8 RMP	(SR)	11 Ot	ther (specify)	,
1 Continuous slot	2 Brass	4 Galvanized ste	el	6 Concrete tile	9 ABS		12 No	one used (op	en hole)
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specity) Screen-Perforation Dia. 7 In 10 If. Dia Screen-Perforated intervals: From If. 10 If. In 10 If. From If. Io. SGROUT MATERIAL: In Neat cement Dement grout In 10 Full storage If. From If. Io. What is the nearest source of possible contamination: I Septic tank If. From If. Io. What is the nearest source of possible contamination: I Septic tank If. From If. Io. Seewer lines If. From If. Io. I Septic tank If. From If. Io. What is the nearest source of possible contamination: I Septic tank If. From If. Io. I Septic tank If. From If. Io. I Septic tank If. From If. Io. What is the nearest source of possible contamination: I Septic tank If. From If. Io. I Septic tank If. From If. Io. What is the nearest source of possible contamination: I Septic tank If. From If. Io. I Septic tank If. From If. Io. What is the nearest source of possible contamination: I Septic tank If. From If. Io. I Septic tank If. In In. I Septic tank If. I Septic tank If. In. I Septic tank If. I Septic tank If. I Septi	Screen or Perforation Openi	_		5 Gauze	ed wrapped	:	3 Saw cut		11 None (open hole)
Screen-Perforated Intervals: From 3.5 ft. to 4.5 ft. from ft. to ft. From ft. From ft. To ft. From ft. From ft. From ft. From ft. From ft. Fro	1 Continuous slot			6 Wire wrapped		9 Drilled holes			
Screen-Perforated Intervals: From \$\frac{1}{5}\$ ft. to \$\frac{1}{6}\$ ft. prom ft. pr							٠.	• ·	
From ft. to ft. From ft. Fr	Screen-Perforation Dia S								
Gravel Pack Intervals: From ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.	Screen-Perforated Intervals:								
From ft. to ft., From ft. to ft., From ft. to ft. From ft. F									
Source of Department? Source of Department.	Gravel Pack Intervals:	From	5.	ft. to <i>A.O</i> .				ft. to	
Grouted Intervals: From J. It. to J. It. From It. to J. It. From It. To J. It. The Mate is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well 2 Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Waterflight sewer lines Direction from well						***************************************			
What is the nearest source of possible contamination: 1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizers torage 15 Oil well/Gas well 2 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines Direction from well Was a chemical/bacteriological sample submitted to Department? Yes Was a demical/bacteriological sample submitted to Department? Yes Was a uniform to the lines of the private of the partment? Yes Was a uniform to the lines of the private of the partment? Yes Was a uniform to the lines of the private of the partment? Yes Was a uniform to the lines of the private of the partment? Yes Was a uniform to the lines of the private of the	\vdash		١,	2)Cement grout					
1 Septic tank 4 Cess pool 7 Sewage lagoon 11 Fertilizer storage 15 Oil well/Gas well Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Watertight sewer lines Direction from well				ft., From	ft.	to	ft., From	l <i>.</i>	ft. to
Sewer lines 5 Seepage pit 8 Feed yard 12 Insecticide storage 16 Other (specify below) 3 Lateral lines 6 Pit privy 9 Livestock pens 13 Wateright sewer lines Direction from well.	·		nination:			<u> </u>			
3 Lateral lines 6 Pit privy 9 Livestock pens 13 Waterlight sewer lines Direction from well How many feet 8 0 ? Water Well Disinfected? Yes No if yes, date sample was a chemical/bacteriological sample submitted to Department? Yes No if yes, date sample was submitted month day year: Pump Installed? Yes No Water Pump Installed? Yes No Wolts Depth of Pump Manufacturer's name Model No. HP Volts Depth of Pump Intake ft. Pumps Capacity rated at Galidmin Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other Completed on No. No Wolts Completed on No. No Wolts Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other No. No Wolts Completed on No. No Wolts This Water Well Record was completed on No. No Wolts No. No Wolts This Water Well Record was completed on No. No Wolts No. No Wolts This Water Well Record was completed on No.	_ '	•		• •		11 Fertilizer storage		15 Oil well/Gas well	
Direction from well. How many feet ? Water Well Disinfected? Yes No If yes, date sample was submitted to Department? Yes No If yes, date sample was submitted Mo If yes, Department? Yes No If yes, date sample was submitted Mo If yes, Department? Yes No If yes, Department? Yes No If yes, date sample was submitted No If yes, Department? Yes No No No No If yes, Department Yes No No No If yes, Department? Yes No No No If yes, Department Yes No No No No If yes, Department Yes No No						•		16 Other (specify below)	
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, date sample was submitted month day year: Pump Installed? Yes No HP Volts Model No. HP Volts Depth of Pump Intake ft. Pumps Capacity rated at gal/mit Yes Pump Manufacturer's name. Depth of Pump Intake ft. Pumps Capacity rated at gal/mit Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on Month day yes and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on Month An XI NO SECTION FROM TO LITHOLOGIC LOG TO SAND SAND SAND SAND SAND SAND SAND SAND	3 Lateral lines 6 Pit privy								
was submittedmonthdayyear: Pump Installed? Yes	Direction from Well		How	many feet Ø	·	? Water W	ell Disinfected	? Yes	No
If Yes: Pump Manufacturer's name		· ·							
Depth of Pump Intake									
Type of pump: 1 Submersible 2 Turbine 3 Jet 4 Centrifugal 5 Reciprocating 6 Other CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ① constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on									
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ① constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on									
completed on 7 month 33 day 79 year and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on 6 month 2 day 8 year under the busines by (signature) 4 year under the busines by (signature) 4 year under the busines by (signature) 5 year under the busines by (signature) 6 year under the busines by (signature) 7 LOCATE WELL'S LOCATION FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG SOLUTION soluti									
and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on. This W	CONTRACTOR 3 OR LA	7	HIFICALI	ON. This water well w	ras (1) construc	itea, (2) recons	structed, or (3)	plugged un	der my jurisdiction and was
This Water Well Record was completed on by (signature) LOCATE WELL'S LOCATION FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG	completed on			. month		day			yea
Depth(s) Groundwater Encountered 1. 1. 1. 1. 1. 1. 1. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620, Send one to WATER WELL OWNER and	This Water Wall Baserd was	Dest of my know	ledge and	belief. Kansas Water V	Vell Contractor's	S License No.			
TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG WITH AN 'X' IN SECTION O 3 TOP SOLU O 4 TOP SOLU O 5 TOP SOLU O 6 TOP SOLU O 7 TOP SOLU O 7 TOP SOLU O 8 TOP SOLU O 9 TOP SOLU O 1 TOP SOLU O 1 TOP SOLU O 1 TOP SOLU O 1 TOP SOLU O 2 TOP SOLU O 3 TOP SOLU O 3 TOP SOLU O 4 TOP SOLU O 5 TOP SOLU O 6 TOP SOLU O 7 TOP SOLU O 7 TOP SOLU O 8 TOP SOLU O 8 TOP SOLU O 9 TOP SOLU O 1 TOP SOLU O 2 TOP SOLU O 3 TOP SOLU O 3 TOP SOLU O 4 TOP SOLU O 5 TOP SOLU O 6 TOP SOLU O 7 TOP SOLU O 7 TOP SOLU O 8 TOP SOLU O 8 TOP SOLU O 9 TOP SOLU O 1 TOP SOLU O 2 TOP SOLU O 3 TOP SOLU O 3 TOP SOLU O 4 TOP SOLU O 5 TOP SOLU O 5 TOP SOLU O 6 TOP SOLU O 7 TO	name of H							1	year under the busines
WITH AN "X" IN SECTION 3	7							reley !	ITHOLOGIC LOG
SAND & GRAVEL 3 3 5 SHALE SHALE ELEVATION: Depth(s) Groundwater Encountered 1. 18. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka, KS 66620. Send one to WATER WELL OWNER and		11014					+ 10	1	THOLOGIC LOG
ELEVATION: Depth(s) Groundwater Encountered 1. /8. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka, KS 66620. Send one to WATER WELL OWNER and			17						
ELEVATION: Depth(s) Groundwater Encountered 1. / 8. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka. KS 66620. Send one to WATER WELL OWNER and	N	1 57	-//	Saus &			<u> </u>		-
ELEVATION: Depth(s) Groundwater Encountered 1. / 8. ft. 2. ft. 3. ft. 4. ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka KS 66620. Send one to WATER WELL OWNER and	Į į	24							TO VIOLET
ELEVATION: Depth(s) Groundwater Encountered 1. / 8 ft. 2 ft. 3 ft. 4 ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka. KS 66620. Send one to WATER WELL OWNER and	NW NE	J J	90	OHALE					** · · · · · · · · · · · · · · · · · ·
ELEVATION: Depth(s) Groundwater Encountered 1. / 8 ft. 2 ft. 3 ft. 4 ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka. KS 66620. Send one to WATER WELL OWNER and	<u>•</u>								
ELEVATION: Depth(s) Groundwater Encountered 1. / 8 ft. 2 ft. 3 ft. 4 ft. (Use a second sheet if needed) INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors. Topeka. KS 66620. Send one to WATER WELL OWNER and	1 - ; ! ;			Į.					<u></u>
ELEVATION: Depth(s) Groundwater Encountered 1. / 8	SW -X SE		• • • • • • • • • • • • • • • • • • • •						
ELEVATION: Depth(s) Groundwater Encountered 1. / 8		-		18 2 8	****		-		
Depth(s) Groundwater Encountered 1. 1. 2	1			MAIN A					
Depth(s) Groundwater Encountered 1. 1. 2				<u></u>				 	
INSTRUCTIONS: Use typewriter or ball point pen, please press firmly and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620, Send one to WATER WELL OWNER and		untered 4 /	8 4.) 40	4		-		
copies to Kansas Department of Health and Environment, Division of Environment, Water Well Contractors, Topeka, KS 66620, Send one to WATER WELL OWNER and	INSTRUCTIONS: Use type	riter or hall point of	uπ. z nen <i>nl</i> eese	coress firmly and PDIAF	π.4 Tolearly Places	fill in blanks	Use (Use	a second sh	eet if needed)
retain one for your records.	copies to Kansas Departmen	t of Health and En	vironment, I	Division of Environment,	Water Well Con	itractors, Topel	(a, KS 66620.	Send one to V	or answers. Send top three VATER WELL OWNER and