Section Namber County: Graphsm Size Section Number County: Graphsm Size Section Number County: Graphsm	202 WATER	8366 R WELL	OB2-07 L RECORD Form WWC-5 Division of Water Resource	ces; App. No.		
Distance and direction from nearest town or city arteret address of well if located within city 24 paperoximately 9.3 miles and roll follogue that the series of the proposed process of the process of				_ ^	1 4/	
within city? Approximetely 9 3/4 miles north of Bogue 2 WATER WELL OWNER: floose County RWD 73 RR, St. Address, Box 8 City, State, ZIP Code 3 LOCATE WELL'S 3 LOCATE WELL'S 3 LOCATE WELL'S 4 DEPTH OF COMPLETED WELL 71 ft. 6 (2) ft. (3) ft. (3) ft. (3) ft. (2) ft. (3) ft. (3) ft. (3) ft. (4) ft						
WATER WELL OWNER: Rooks County RWD #3 RR 9, St. Address, Box # Co EBH 8 Associations City, State, ZIP Code OEBH 4 Associations City, State, ZIP Code OEBH 6 Associations City, State, ZIP Code OEBH 7 O	Distar	nce and dire		ns (decimal deg	rees, min. of 4 digits	
2 WATER WELL OWNER: Roces County RVD 97 RRF, St. Address, Box # City, State, ZIP Code* City, State, ZiP Code, State, ZiP, State,	Within	city? App	Zumade:			
RR#, St. Address, Box # Cole BH & Associates City, State, ZIP Code City, State, ZIP Code City State, ZIP C	2 WATI	ER WEL	L OWNER: Rooks County RWD #3			
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DOCATION STORM Company Compa	City,	State, ZIP	IP Code : Crost Road KS 67520 Date Collection Method	I. WAAS CD	S I Init	
DOCATION STORM Company Compa	27.00		Great Bend, KS 67530 Data Collection Method	I: WAAS GF	3 Offic	
SECTION BOX: NECTION BOX: NEXT BOX WATER LEVEL 27.52 ft. below land surface measured on mol/day/yr. NECTION BOX: NEXT BOX WATER LEVEL 27.52 ft. below land surface measured on mol/day/yr. NEXT BOX WATER LEVEL WATER Was. Not checked ft. after. Nours pumping. gpm WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Was a chemical/bacteriological sample submitted to Department? Yes No information well Was a chemical/bacteriological sample submitted to Department? Yes No information well Was a chemical/bacteriological sample submitted to Department? Yes No information well Was a chemical/bacteriological sample submitted to Department? Yes No information well Was a chemical/bacteriological sample submitted to Department? Yes No information well Was a chemical/bacteriological sample submitted to Department? Yes No information well was a chemical/bacteriological sample submitted to Department? Yes No information well was a chemical/bacteriological sample submitted to Department? Yes No information well was a chemical/bacteriological sample submitted to Department? Yes No information well was a chemical/bacteriological sample submitted to Department? Yes No information well well disinfected? Yes No information well well was a chemical/bacteriological sample submitted to Department? Yes No information well well was a chemical/bacteriological sample submitted to Department? Yes No information well well disinfected? Yes No information well well disinfected? Yes No information well well disinfected? Yes No information well disinfected? Yes No information well well disinfected? Yes No information well well disinfected? Yes No information well disinfected? Yes No	3 LOCA	ATE WEI	ELL'S 4 DEPTH OF COMPLETED WELL 71 it.			
Pump test data: Well water was. Mot Checked ft. after. hours pumping. gpm Well water was. ft. after. hours pumping. gpm Well was a chemical/bacteriological sample submitted to Department? Yes. No	1		Depth(s) Groundwater Encountered (1) ft. (2)	ft. (3)	ft,	
Pump test data: Well water was. Mot Checked ft. after. hours pumping. gpm Well water was. ft. after. hours pumping. gpm Well was a chemical/bacteriological sample submitted to Department? Yes. No	1		WELL'S STATIC WATER LEVEL 27.52 ft. below land surface measured to the state of the surface measured to the surface measured t	ared on mo/day	_{v/vr} 11-30-07	
Est. Yield Unknown gpm: Well water was	o Dec.		Pump test data: Well water was Not checked ft. after ho	ours pumping	gpm	
Second S			Est. Yield Unknown gpm: Well water was ft. after ho	ours pumping	gpm	
Consequence	NW	VNE	E WELL WATER TO BE USED AS: 5 Public water supply 8 Air condition	ning 11 Ir	njection well	
Consequence	w x	1	E I Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering	(12) C	Other (Specify below)	
Was a chemical/bacteriological sample submitted to Department? Ves Sample was submitted Water well disinfected? Yes No Sample was submitted Order (Specify below) STPYE OF CASING USED: STYPE OF CASING USED: STYPE OF CASING USED: STPYE OF CASI						
Sample was submitted Water well disinfected? Yes No Type OF CASING USED: Style Company of the company of th	SW	/SE				
STYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued Velded 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 1 Steel 4 Steel 5 Steel 6 Steel 6 Steel 6 Steel 7 Steel 8 Steel 5 Steel 5 Steel 7 Steel 8 Steel 6 Steel 7 Steel 8 Steel 8 Steel 7 Steel 8 Steel 8 Steel 9 Steel 8 Steel 9 Steel 9 Steel 1 Steel 8 Steel 9 Steel 9 Steel 9 Steel 1 S						
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1	(2) I	PVC 4	4 ABS 7 Fiberglass	Threaded	[
1	Blank ca	ising diam	meter 2 in. to 31 ft., Diameter in. to ft., Diame	ter	in. to ft.	
1	Casing height above land surface 24 in., weight .70 lbs./ft. Wall thickness or gauge No154					
2 Brass 4 Galvanized Steel 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 31 ft. to 69 ft., From ft. to ft. From ft. to ft., From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From 20 ft. to 70 ft., From ft. to ft. From ft. to ft., From ft. to ft. GROUT MATERIAL: 1 Neat Cement 2 Cement grout 3 Bentonite (4) Other Grout Intervals: From ft. to ft., From ft. to ft., From ft. to ft. What is the nearest source of possible contamination: ft., From ft. to ft., From ft. to ft., From ft. to ft. 1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 13 Insecticide Storage 12 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well Direction from well? How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 3 Topsoil 1 Fuel storage 15 Oil well/gas well None known 14 39 Clay, brown, sandy, soft 11 Clay, brown, sandy, soft 11 Lose, with clay streaks, brown 14 Sand, coarse to fine, loose, with clay streaks, white Sand, coarse to fine, loose, with clay streaks, white white 64 65 Cemented sand, hard 65 GT Clay, yellow and orange, hard 67 70 Shale, black, hard 71 Structions Use type-trie or ball point pen. PLEASE PERSE FIRMLY and PENTC clearly Flees fill in blanks, underline or circle the correct answers. Send top three	TYPE OF CORENTOR REDEORATION MATERIAL.					
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Kansas Water Well Contractor's License No. 185 This Water Well Record was completed on (mo/day/year) 12-03-07 Under the business name of Clarke Well & Equipment, Inc. by (signature) (si			OR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed	(2) reconstru	cted (3) plugged	
Under the business name of Clarke Well & Equipment, Inc. by (signature) by (signature) where the business name of Clarke Well & Equipment, Inc. 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		-				
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	l			y/year)	2-03-07	
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, Bureau of Water. Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone				a Clar	Constitution to	
	conies to K	HONS: Use Cansas Denar	use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please till in blanks, underline or ci partment of Health and Environment, Bureau of Water. Geology Section, 1000 SW Jackson St., Suite 420. Tone	che une correct ans	2-1367. Telephone	