LOCATION OF WATER WELL:   Fraction	WATER WELL RECORD	Form WWC-5	Divi	ision of W	ater Reso	ources App. No			
Sides/Ranal Address of Well Location; if unknown, distance & direction from nearest town or intersection: if at owner's address, check here   Global Positioning System (GPS) information: Informati					umber	Township N	umber	Range Nu	ımber
Committee town or intersection: If at owner's address, check here						T 8	S	R 29	□E ⊠W
Longitude:			Gl	obal Pos	itioning	System (GPS	inforr	nation:	doorooo
Elevation:   Elevation:   ARA#, St. Address, Box # Et. 2, Box 95   City, State, ZIP Code   Hoxie, Ks 67740   Baum:   W6S 84,   NAD 83,   NAD 27   Collection Method:   City, State, ZIP Code   Hoxie, Ks 67740   Baum:   W6S 84,   NAD 83,   NaD 27   Collection Method:   Digital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,   Topographic Map,   Land Survey   Est. Accuracy.   City on,   Dispital Map/Photo,	Landitude: (in decimal degrees)								degrees)
2 WATER WELL OWNER: Bill Herl 2 RR#, St. Address, Box # Rt 2, Box 95 City, State, ZIP Code	Flevation:							degrees)	
**RR#, St. Address, Box # : Rt 2, Box 95 City, State, ZIP Code	2 WATER WELL OWNER: Bill Herl					4. □ NAD 83	3. 🗖 N	AD 27	
Gray State, ZIP Code		95		Collection N	lethod:				
Digital Map/Photo.   Topographic Map.   Land Survey				☐ GPS un	it (Make/I	Model:			)
A DEPTH OF COMPLETED WELL   260   ft.   Cl.   STATIC WATER LEVEL 192   ft. below land surface measured on molday/yr   Pump test data: Well water was   ft. after   hours pumping   ggm   EST. YIELD   ggm: Well water was   ft. after   hours pumping   ggm   EST. YIELD   ggm: Well water was   ft. after   hours pumping   ggm   EST. YIELD   ggm: Well water was   ft. after   hours pumping   ggm   EST. YIELD   ggm: Well water was   ft. after   hours pumping   ggm   Mell water was   ft. after   hours pumping   ggm   ft. ggm   ft. ggm   ggm   ft. ggm	) j			☐ Digital	Map/Phot	o, 🗖 Topograph	ic Map,	Land Surv	ey
SECTION BOX: No.   A DEPTH OF COMPLETED WELL   260   ft.	3		E	est. Accurac	:y: □ <3	m, □ 3-5 m, □	5-15 m,	□ >15 m	
Depth(s) Groundwater Encountered (1)   ft. (2)   ft. (3)   ft.									
WELL'S STATIC WATER LEVEL 192   ft. below land surface measured on mo/day/yr   Pump test data: Well water was   ft. after   hours pumping   gpm   Mell water was water pumping   gpm   Mell water was water pumping   gpm   Mell water was   ft. after   hours pumping   gpm   Mell water was water pumping   gpm   Mell water was water pumping   gpm   Mell water was w	WITH AN "X" IN 4 DEPTH OF CO	MPLETED WELL	260		<b></b> -	ft.			
WELL'S STATIC WATER LEVEL 192   ft. below land surface measured on mo/day/yr   Pump test data: Well water was   ft. after   hours pumping   gpm   Mell water was water pumping   gpm   Mell water was water pumping   gpm   Mell water was   ft. after   hours pumping   gpm   Mell water was water pumping   gpm   Mell water was water pumping   gpm   Mell water was w	SECTION BOX: Depth(s) Groundwat	er Encountered (1)	<b></b>	ft.	(2)		ft. (3)		ft.
Pump test data:   Well water was   ft. after   hours pumping   gpm   Well. WATER TO BE USED AS:   Public water supply   Geothermal   Injection well   BST. YIELD   gpm:   Well water was   ft. after   hours pumping   gpm   Well. WATER TO BE USED AS:   Public water supply   Geothermal   Injection well   Injection well   Domestic   Injection well   Injection well   Water well Disinfected?   Yes   No   Well water was   Domestic   Injection well   Domestic   Domestic   Injection well   Domestic   Domest	N WELL'S STATIC W	VATER LEVEL 192	ft.	below land	d surface	measured on n	no/day/y	/r	
ST. YIELD   gpm: Well water was   ft. after   hours pumping   gpm   was   ft. after   hours pumping   gpm   was   ft. after   hours pumping   gpm   hours pumping   hours pumping   gpm   hours pumping   hours pumping   gpm   hours pumping   hours pumping									
W X	NW NE EST. YIELD	gpm: Well water v	vas	ft.	after	hour	s pump	ing	gpm
Signature   Sign	WELL WATER TO	BE USED AS: Pul	blic water s	supply [	Geother	rmal I	Injec	tion well	
Signature   Sign	W A E ⊠ Domestic □ Fe	edlot	ter supply	```	Dewate	ring	☐ Other	(Specify be	elow)
Was a chemical/bacteriological sample submitted to Department?		dustrial Domestic-la	awn & gard	ien 🗆	] Monito	ring well			1
S									
Water Well Disinfected?   Yes   No									
STYPE OF CASING USED:   Steel   PVC   Other	1 mile  Water Well Disinfec	ted? X Yes \ \ No	·						
CASING JOINTS:  Glued									
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel   Stainless Steel   PVC   Other (Specify)    Brass   Galvanized Steel   None used (open hole)  SCREEN OR PERFORATION O'PENINGS ARE:  Continuous Slot   Mill slot   Gauze wrapped   Torch cut   Other (specify)    Louvered shutter   Key punched   Wire wrapped   Saw cut   Other (specify)    SCREEN-PERFORATED INTERVALS: From   220 ft. to   260 ft., From   ft. to   ft. From   ft. to	CASING IOINTS: X Glued Clamped	□ Welded □	7 Threader	d					
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel   Stainless Steel   PVC   Other (Specify)    Brass   Galvanized Steel   None used (open hole)  SCREEN OR PERFORATION O'PENINGS ARE:  Continuous Slot   Mill slot   Gauze wrapped   Torch cut   Other (specify)    Louvered shutter   Key punched   Wire wrapped   Saw cut   Other (specify)    SCREEN-PERFORATED INTERVALS: From   220 ft. to   260 ft., From   ft. to   ft. From   ft. to	Casing diameter 4.5 in to 220	ft Diameter	in.	to	ft	Diameter		in. to	ft.
TYPE OF SCREEN OR PERFORATION MATERIAL:  Steel   Stainless Steel   PVC   Other (Specify)    Brass   Galvanized Steel   None used (open hole)  SCREEN OR PERFORATION O'PENINGS ARE:  Continuous Slot   Mill slot   Gauze wrapped   Torch cut   Other (specify)    Louvered shutter   Key punched   Wire wrapped   Saw cut   Other (specify)    SCREEN-PERFORATED INTERVALS: From   220 ft. to   260 ft., From   ft. to   ft. From   ft. to	Casing height above land surface 18	in Weight	2.38	lb	s./ft. Wa	Il thickness or	gauge N	Io2	48
Steel	TYPE OF SCREEN OR PERFORATION MATE	RIAL:			04, 444		B		
Brass	☐ Steel ☐ Stainless Steel	⊠ PVC	☐ Other (	(Specify)					
Continuous Slot   Mill slot   Gauze wrapped   Torch cut   Drilled holes   None (open hole)	☐ Brass ☐ Galvanized Steel	☐ None used (open hole	e)						
SCREEN-PERFORATED INTERVALS: From 20 ft. to 260 ft., From ft. to ft. From ft. Trull that is the nearest source of possible contamination:    Septic tank	SCREEN OR PERFORATION OPENINGS ARE	ì:		_		_			
SCREEN-PERFORATED INTERVALS: From 20 ft. to 260 ft., From ft. to ft. From ft. Trull that is the nearest source of possible contamination:    Septic tank	☐ Continuous Slot ☐ Mill slot	☐ Gauze wrapped ☐	Torch cut		Drilled h	oles	one (ope	en hole)	
From ft. to 260 ft., From ft. to ft. From 20 ft. to 260 ft., From ft. to ft. From ft. to ft. to ft.	Louvered shutter Li Key punched	☐ Wire wrapped ☐ ☑	Saw cut	260	Other (sp	becity)			
From	SCREEN-PERFORATED INTERVALS:	From 220	ft to	200	ft Er	om 	IL. I	.0	ft
From	GRAVEL PACK INTERVALS:	From 20	ft to	260	ft Fr	om	ft 1	10	ft
GROUT MATERIAL:  □ Neat cement □ Cement grout □ Cement grout Intervals □ Other □ Othe	GRAVELTACK INTERVALS.	From	ft. to	-200	ft Fro	om	ft. 1	10	ft.
What is the nearest source of possible contamination:  Septic tank Septic tank Cesspool Sewage lagoon Fuel storage Direction from well  Fredyard Direction from well  FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG Surface  203 220 Fine sand & sdy clay w/calay & caliche strks  2 26 Loess 220 228 220 Eine to med sd & small gravel w/clay & caliche lenses  44 63 Fine to med sd w/clay & caliche lenses 228 240 Fine to med sd & small gravel w/clay & caliche strks 63 72 Fine to med sd w/clay & caliche lenses 260 270 Yellow ochre/black shale  72 86 Fine to med sand w/clay strks 86 111 Clay & caliche w/sd strks 113 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/clay & caliche strks 173 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/caliche lenses 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) 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) 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) 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) 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) 9 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 9 CONTRACTOR'S Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of	6 CPOUT MATERIAL.   Neat coment	Cament grout	X  Pento	nite F	7 Other				
What is the nearest source of possible contamination:  Septic tank Septic tank Cesspool Sewage lagoon Fuel storage Direction from well  Fredyard Direction from well  FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG Surface  203 220 Fine sand & sdy clay w/calay & caliche strks  2 26 Loess 220 228 220 Eine to med sd & small gravel w/clay & caliche lenses  44 63 Fine to med sd w/clay & caliche lenses 228 240 Fine to med sd & small gravel w/clay & caliche strks 63 72 Fine to med sd w/clay & caliche lenses 260 270 Yellow ochre/black shale  72 86 Fine to med sand w/clay strks 86 111 Clay & caliche w/sd strks 113 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/clay & caliche strks 173 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/caliche lenses 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) 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) 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) 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) 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) 9 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☑ constructed, ☐ reconstructed, or ☐ plugged under my jurisdiction and was completed on (mo/day/year) 9 CONTRACTOR'S Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of	Grout Intervals From 0 ft to	20 ft From	ft. t	0	ft.	From		ft. to	ft.
Septic tank	What is the nearest source of possible contaminat	ion:							
Watertight sewer lines   Seepage pit   Feedyard   Fertilizer storage   Oil well/gas well   None									
Distance from well  FROM TO LITHOLOGIC LOG FROM TO LITHOL LOG (cont.) or PLUGGING INTERVALS  0 2 Surface 203 220 Fine sand & sdy clay w/clay & caliche strks  2 26 Loess 220 228 Clay w/caliche strks  26 44 Clay w/calachie lenses 228 240 Fine to med sd & small gravel w/clay & caliche lenses  44 63 Fine to med sd w/clay & caliche strks 240 260 Fine to med sd & small gravel w/clay & caliche lenses  63 72 Fine to med sd w/clay & caliche lenses 260 270 Yellow ochre/black shale  72 86 Fine to med sand w/clay strks  86 111 Clay & caliche w/sd strks  111 173 Fine to med sd w/clay & caliche strks  113 184 Caliche & clay w/sd lenses  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) 7-2-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 This Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Instructions in the contractor of the stream of the surface of th	☐ Sewer lines ☐ Cesspool				☐ Abanc	loned water we	11		
FROM TO LITHOLOGIC LOG FROM TO LITHO. LOG (cont.) or PLUGGING INTERVALS  0 2 Surface 203 220 Fine sand & sdy clay w/clay & caliche strks  2 26 Loess 220 228 Clay w/caliche strks  26 44 Clay w/calachie lenses 228 240 Fine to med sd & small gravel w/clay & caliche lenses  44 63 Fine to med sd w/clay & caliche strks 240 260 Fine to med sd & small gravel w/clay & caliche strks  63 72 Fine to med sd w/clay & caliche lenses 260 270 Yellow ochre/black shale  72 86 Fine to med sand w/clay strks  86 111 Clay & caliche w/sd strks  111 173 Fine to med sd w/clay & caliche strks  113 184 Caliche & clay w/sd lenses  7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \(\sigma\) constructed, \(\sigma\) reconstructed, or \(\sigma\) plugged under my jurisdiction and was completed on (mo/day/year) 7-2-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on (mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of									
2 Surface 203 220 Fine sand & sdy clay w/clay & caliche strks 2 Loess 26 Loess 27 Loess 28 Loesy 28 Clay w/caliche strks 29 Elay w/caliche strks 20 Fine to med sd & small gravel w/clay & caliche lenses 44 63 Fine to med sd w/clay & caliche strks 44 63 Fine to med sd w/clay & caliche lenses 45 Fine to med sd w/clay & caliche lenses 46 Fine to med sand w/clay strks 46 Fine to med sand w/clay strks 47 Roes Fine to med sand w/clay strks 48 Intrace Fine to med sd w/clay & caliche strks 49 Vellow ochre/black shale 40 Vellow ochre/black shale 41 Clay & caliche w/sd strks 41 Clay & caliche w/sd strks 41 Caliche & clay w/sd lenses 41 Caliche & clay w/sd lenses 42 Contractor's OR LANDOWNER'S CERTIFICATION: This water well was ⊠ constructed, □ reconstructed, or □ plugged under my jurisdiction and was completed on (mo/day/year) 40 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ⊠ constructed, □ reconstructed, or □ plugged under my jurisdiction and was completed on (mo/day/year) 40 Fine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & small gravel w/clay & caliche lenses 40 Pine to med sd & sma	Direction from well		Distance f	rom well					
2 26 Loess 220 228 Clay w/caliche strks  26 44 Clay w/calachie lenses 228 240 Fine to med sd & small gravel w/clay & caliche lenses  44 63 Fine to med sd w/clay & caliche strks 240 260 Fine to med sd & small gravel w/clay & caliche strks  63 72 Fine to med sd w/clay & caliche lenses 260 270 Yellow ochre/black shale  72 86 Fine to med sand w/clay strks  86 111 Clay & caliche w/sd strks  111 173 Fine to med sd w/clay & caliche strks  113 184 Caliche & clay w/sd lenses  184 203 Fine to med sd w/caliche lenses  7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was ☒ constructed, ☐ reconstructed, or ☐ plugged and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 Inst Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of	FROM TO LITHOLOG	GIC LOG	FROM		LITHO	. LOG (cont.)	or PLUC	GGING INT	ERVALS
26 44 Clay w/calachie lenses  48 63 Fine to med sd w/clay & caliche strks  49 260 Fine to med sd & small gravel w/clay & caliche lenses  40 260 Fine to med sd & small gravel w/clay & caliche strks  40 260 Fine to med sd & small gravel w/clay & caliche strks  40 260 Fine to med sd & small gravel w/clay & caliche strks  40 260 Fine to med sd & small gravel w/clay & caliche strks  40 270 Yellow ochre/black shale  41 Clay & caliche w/sd strks  42 260 270 Yellow ochre/black shale  43 27 Fine to med sd w/clay & caliche strks  44 261 Fine to med sd w/clay & caliche strks  45 260 270 Yellow ochre/black shale  46 27 Fine to med sd w/clay & caliche strks  47 2 Fine to med sd w/clay & caliche strks  48 27 2 Fine to med sd w/clay & caliche strks  49 260 Fine to med sd & small gravel w/clay & caliche strks  40 260 Fine to med	0 2 Surface		203	220			clay & ca	aliche strks	
44 63 Fine to med sd w/clay & caliche strks 63 72 Fine to med sd w/clay & caliche lenses 72 86 Fine to med sand w/clay strks 86 111 Clay & caliche w/sd strks 113 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/caliche lenses 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) 7-2-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc.  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of									_
Fine to med sd w/clay & caliche lenses   260   270   Yellow ochre/black shale									
72 86 Fine to med sand w/clay strks 86 111 Clay & caliche w/sd strks 111 173 Fine to med sd w/clay & caliche strks 113 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/caliche lenses 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) 7-2-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of								clay & calici	ne strks
86 111 Clay & caliche w/sd strks 111 173 Fine to med sd w/clay & caliche strks 173 184 Caliche & clay w/sd lenses 184 203 Fine to med sd w/caliche lenses 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) 7-2-09 and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. 554 or 183 . This Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of				270	Y ellow o	chre/black shal	e		
111 173 Fine to med sd w/clay & caliche strks  173 184 Caliche & clay w/sd lenses  184 203 Fine to med sd w/caliche lenses  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) 7-2-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of		TRS		<del> </del>	<del> </del>				
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184 203 Fine to med sd w/caliche lenses  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) 7-2-09 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 or 783 . This Water Well Record was completed on mo/day/year) 9-29-69 under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of		inche su ks							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was \( \subseteq \text{constructed, or } \subseteq \text{plugged} \) under my jurisdiction and was completed on (mo/day/year) \( \frac{7-2-09}{9-2-09} \) and this record is true to the best of my knowledge and belief.  Kansas Water Well Contractor's License No. \( \frac{554}{9} \) under the business name of \( \frac{Woofter Pump & Well Inc.}{\text{Inc.}} \) by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of	175 Cultere & city 11/34 lenses	nses							
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under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of		'S CERTIFICATIO	N: This w	ater well v	was 🗵 co	onstructed, 🛘 1	econstr	ucted, or $\square$	plugged
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of	7 CONTRACTOR'S OR LANDOWNER	'S CERTIFICATIO	09	and this	record is	s true to the bes	t of my	knowledge a	and belief.
INSTRUCTIONS: Please fill in blanks and check the correct answers. Send three copies (white, blue, pink) to Kansas Department of Health and Environment, Bureau of Water Goology Section 1000 SW Jackson St. Suite 420. Topology Kansas 66612.1367. Telephone 785 206 5522. Sand one to WATER WELL OWNER and ratein	7 CONTRACTOR'S OR LANDOWNER under my jurisdiction and was completed on (more Kansas Water Well Contractor's License No. 5	'S CERTIFICATION (day/year) 7-2- 54 o 783 . This W	09 ater Well I	and this Record wa	record is	s true to the bes	t of my	knowledge a	and belief.
Water Geology Section 1000 SW Jackson St. Suite 420 Topeks, Vaneus 66612-1367, Talenhone 785 206 5522, Sand one to WATER WELL OWNED and retain	7 CONTRACTOR'S OR LANDOWNER under my jurisdiction and was completed on (mo/ Kansas Water Well Contractor's License No. 5 under the business name of Woofter Pump &	'S CERTIFICATIO (day/year) 7-2- 54 o 783 . This W Well Inc.	<b>09</b> 'ater Well I by (signatu	and this Record wa ire)	record is	true to the bes	t of my /year)	knowledge a	and belief. <b>39</b>
one for your records. Include fee of \$5.00 for each constructed well. Visit us at http://www.kdheks.gov/waterwell/index.html.	7 CONTRACTOR'S OR LANDOWNER under my jurisdiction and was completed on (mo/ Kansas Water Well Contractor's License No. 5 under the business name of Woofter Pump & INSTRUCTIONS: Please fill in blanks and check the cor	'S CERTIFICATIO (day/year) 7-2- 54 o 783 . This W Well Inc.	ater Well I by (signaturies (white, b	and this Record wa ire)	record is	s true to the best ted on mo/day Department of H	t of my /year) ealth and	knowledge a 9-29-6	and belief. 59