		WA	ATER WELL RE	CORD F	orm WWC-5	KSA 82a-	1212 ID N	No			
1 LOCAT	ON OF W	TER WELL:	Fraction	_			n Number	Township Nur	mber	Range Number	
County:	Wan	dotte	56-14	: 5E	14 NW	14 6	77	T 10	s	R 25 @	N,
			town or city stree		well if located	within city?		7			
								IMW-	119B	1	
2 WATER	WELL OV	NER: (-QY	neral 17	DANE	- Frint						
	ddress, Bo					чx		Board of Agric	culture F	Division of Water Resou	Irces
	, ZIP Code	, ,,,,,		ROurger	c Rual	تے ا		Application Nu		ivision of water nesou	11003
			nsas c	NY K	S 66		f: E1 E1/A				
1		OCATION WITH				1/2	. π. ELEVA	TION:			• • • •
AN X	IN SECTIO N	N BOX:	Depth(s) Groun	ndwater Enco				2		ft.	•
<u> </u>	1	1			-						····
T		i	Pui	mp test data:	Well water w	as /ʃ	ft. at. هر مر	ter NA	. hours p	ي <b>بر بر</b> g	gpm
	– NW – – j	NE	Est. Yield 🚜	gpm:	, Well water wa	as . ,	ft. at	fter	. hours p	umping g	gpm
0			Bore Hole Diar	meter <b>7</b>	in. to . <b>6</b>	DU)	.7.75ft <del>., a</del>	nd: 7/4. I.D.	M. 7.1.	in. to	ft.
≅ W	<del></del>	<del>;</del>   E	WELL WATER	TO BE USE	D AS: 5 Publ	ic water sup	ply 8	Air conditioning	11 In	jection well	
- T	1		1 Domestic	3 Feedlo	ot 6 Oil f	ield water su	pply 9	Dewatering	12 C	Other (Specify below)	
	- sw	SE	2 Irrigation	4 Indust	rial 7 Dom	estic (lawn &	garden 10	Monitoring well .).	. <b></b> .		
	!	!	10/00 0 00 000	16		under Dane		1101	16		
<u> </u>				i/bacteriologica	ı sample submi	ted to Depan		Well Disinfected?		no/day/yrs sample was	sub-
5 TYPE C	E BI ANK	CASING USED:	mitted	5 Wrought i	ron	8 Concrete				ed Clamped	·
1 Stee		3 RMP (SI		6 Asbestos		9 Other (sp				led	
2 PVC		,	'n <i>)</i>			9 Other (sp	ecily below	")		aded	
	RISER	4 ABS ar カリアレC	3'	7 Fiberglas	0 N9'	2163	110		inre	aded	
RINER	<del>ing</del> diamete	J		1345 H	<del>Diar</del>	in. to		ft., D <del>ia</del>			ft
Casing he	eight above	land surface	<b>.3</b>	in., weight	211200	<del>.</del> <u></u>	lbs./f	it. Wall thicknose er	<del>gaugo N</del>	0	
TYPE OF	SCREEN	OR PERFORAT	TION MATERIAL	L:		7 PVC	>	10 Asbes	stos-cem	ent	
1 Stee		3 Stainles	s steel	5 Fiberglas	s	8 RMP	(SR)	11 Other	(specify)		
2 Bras	ss	4 Galvaniz	zed steel	6 Concrete	tile	9 ABS		12 None	used (op	en hole)	
		ORATION OPE	NINGS ARE:		5 Gauzed	wrapped		8 Saw cut		11 None (open hole)	
	tinuous slo		ill slot		6 Wire wra			9 Drilled holes			
2 Lou	vered shut	er 4 K	ey punched	1	7 Torch cu						ft.
CREEN	-PERFORA	TED NTERVAL	LS: From	49	ft. to <b></b> .	<b>9</b>	ft., From	,010 36	ラノ ・・・・ ft. to	o	ft.
			From		ft. to		ft., From		ft. to	o	ft.
		PACK INTERVAL	LS: From	ز <u>د چ</u>	ft. to 🧀	<i>Q</i> .,	ft., From		ft. to	o	ft.
B	ENTI CH	UP SEAL	From '	7. <i>5</i>	. ft. to	<u>7 </u>	ft., From		ft. to	0	. ft.
	MATERIA		ement	2 Cement a	rout	3 Bentonite	) 40	Other			
Grout Int	ervals: Fr	om <b>3</b>	ft. to4.5	ft F	rom	ft: to	conce	ETEH. From C	2	ft. to. Z	ft.
What is the	ne nearest		ble contaminatio			, . ,	10 Liveste			bandoned water well	
	tic tank	•	ral lines	7 Pit privy			11 Fuel storage			15 Oil well/Gas well	
•				' '		200			16 Other (specify below)		
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit			•	8 Sewage lagoon			12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage				
		er intes o seeb	age pit		9 Feedyard			•		· · · · · · · · · · · · · · · · · · ·	
·	from well?						How man	•			
FROM	ТО		LITHOLOGIC L			FROM	то	PLUG	IGING IN	ITERVALS	
_0_	2	CRUGHER	DITONE,	MILL							
2	10'	BROWN	My w/	Fi. SAA	W)						
10	45'	BROWN	4/GRAY E	i, 4 ME	jARD)					A	, '
45	60	BR, 461	RAY FIM	C 10 801	PRIE 10	IND		И	/	/L	
			7					71/		7	
				/							
		ر مسر	2 (1) (10)								
		100	7 9 40								
											1
											. ,
7 CONTR	ACTOR'S	OR LANDOWNE	R'S CERTIFICA	TION: This wa	ater well was	1) constructe	(2) reco	nstructed, or (3) plu	gged und	der my jurisdiction and v	was
	on (mo/day		12-21-0	5						owledge and belief. Kan	
		's Licence No	637		Water Well R				1-9-	Q6.	
	ousiness na	. 1	·	11.			•		DIK	7	
		FIGH	15 Uri	HIM S	ervices,	unc.	by (sig	uy	N.\	Harris	
INSTRUCT	IONS: Use type	ewriter or ball point per	n. <i>PLEASE PRESS FIL</i>	RMLYard RINT	learly. Please fill in I	olanks, underline	or circle the co	rrect answers. Send top thr	ee copies to	Kansas Department of Health an	nd
E	. D					WELL OWNIED	ad ratain and for	your records. Fee of \$5.00	for each con-	ata inted well	