			TER WELL RECO	ORD Form WWC-	5 KSA 82a	1212 ID N		
		TER WELL:	Fraction		Se	ction Number	Township Number	Range Number
				SW 1/4 NF	1/4	3	T /O s	R B DW
Distance and direction from nearest town or city street address of well if located within city?								
FROM MANUATION: 3 MELES BAST ON HWY24, INTELE MENTY AND 14 NOTH WEST.								
RR#, St. Address, Box # : 625 510 /014 City, State, ZIP Code : MANUHOAN, KS . 76507_ Board of Agriculture, Division of Water Resources Application Number:								
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL								
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1								
WELL'S STATIC WATER LEVEL								
	S						,	
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) PVC 4 ABS				7 Fiberglass		(specify below	/) Wel	ed C Clampedded
							ft., Dia	
Casing height above land surface24 in., weightin, weight								
	REEN OR	PERFORATIO		5 Fiberglass	7 5. E	MP (SR)	10 Asbestos-Cer	nent y)
1 Steel 2 Brass		3 Stainless 4 Galvaniz		6 Concrete tile	9 A		12 None used (o	•
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)								
1 Continuous slot 4 Mill slot 6 Wire wrapped 9 Drilled holes								
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)ft.								
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From								
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 4 Other								
Grout Intervals: From								
								Abandoned water well
1 Septic			ral lines	•	7 Pit privy			Oil well/Gas well
2 Sewer lines 5 Cess pool				8 Sewage lagoon				Other specify below)
o valetigin sover illes o decipae pi								
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS								NTERVALS
/n	1Q	010116	ROWN		1710111		1 2000111011	
18 -	19		-, GRSZ					
29	32	LEMBSI						
32	42	SHALR	CRAY					
42	43	Lamps	onk_					
43	44	SHALK	CARRY					
44	46	IME ST	WE.		-			
46 3	50	SUMUR_	colly			·		
							10-10-1	
		1977						
				***************************************			100000000000000000000000000000000000000	
7 CONTRAC	CTOR'S O	R LANDOWNF	R'S CERTIFICAT	ION: This water well	was(1)2onst	ructed, (2) rec	onstructed, or (3) plugged ur	der my jurisdiction and was
completed on (mo/day/year) 9/25/05 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No 7/00. This Water Well Record was completed on (mo/day/yr) which was completed on (mo/day/yr) by (signature)								
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								

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Hea 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 <u>constructed</u> well.