		W	ATER WELL RE	CORD Fo	rm WWC-5	KSA 82a	-1212 ID I	No				
	_	TER WELL:	Fraction				ection Number	Town	nship Number	Ran	ge Numb	ber
County:	DITAWA	TUMER		NW 1/4					/0 s	R	9_	@ w
			wn or city street									
2 WATER	R WELL OW	NER: TOHA	ILIANO KAL	DN WEL	eten/	ips M	PLIM					
RR#, St. A City, State,	ddress, Box	# : 4551	HOPKINS EORLOGE	CREEK	RO.				rd of Agriculture, Dilication Number:	Division of V	Vater Re	sources
		CATION WITH	4 DEPTH OF	COMPLETED	WELL	114	ft. ELEV	• • •				
	N SECTION N		Depth(s) Grou	indwater Enco	ountered	132	1	ft. 2	d on mo/day/yr.			ft.
	! !	. !	Pı	ımp test data:	: Well wat	er was	ft.	after	hours p	oumping		gpm
_	-NW2	6_ NE	Est. Yield				supply		hours p	oumping * njection wel		gpm
	1	1	1 Domesti				supply er supply		•	Other (Speci		v)
w—	1	<u> </u>	2 Irrigation						ing well			
		i										
	-sw -	- SE	Was a chemic	al/bacteriolog	ical sample	submitted to	Department?	Yes No	o ; If yes, n	no/day/yrs s	ample w	vas sub
	!	!	mitted				V	Vater Well Di	sinfected? Yes		No	
L	S											
5 TYPE	OF BLANK	CASING USED:		5 Wrought	iron	8 Conc	rete tile	CASI	NG JOINTS: Glue	d C	lamped	
_1_Stee	2	3 RMP (S	R)	6 Asbestos			(specify below	,		ded		
2 PVC		4 ABS		7 Fiberglas	ss					aded		
Blank casi	ng diameter	.	in. to		ft., Dia		in. to		ft., Dia I thickness or guag	in.	to	tt.
			,	in., weig	gnt		VC2		i tnickness or guaç 10 Asbestos-Cen			
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel			5 Fibergla	5 Fiberglass 8				11 Other (Specify				
2 Brass 4 Galvanized Steel					6 Concrete tile 9 AE				12 None used (or	,		
SCREEN (OR PERFO	RATION OPENI	NGS ARE:		5 Gua	zed wrapped		8 Saw c	eut	11 None	(open ho	ole)
	tinuous slot		Aill slet			e wrapped		9 Drilled				
2 Louv	vered shutte	er 4 H	Key punched		7 Tord				(specify)			
SCREEN-	PERFORAT	ED INTERVALS	: From	74	ft. to	1/4	ft., Fron	n	ft. to	·		ft.
	004451 04	OK INTERVAL	From	~	ft. to))Ū	ft., Fron	n	ft. to			ft.
•	JHAVEL PA	CK INTERVALS	From		ft to		ft., Fron	n	ft. to			
6 GROU	JT MATERIA		at cement	2 Ceme		3 Ber						
Grout Inter				. 7 ft., F	rom	ft.	to	ft., Fro	m			
		urce of possible	contamination:					stock pens		Abandoned		eli
1 Septic tank 4 Lateral lines				7 Pit privy			11 Fuel storage 15 Oil well/Gas well					
	ver lines	5 Ces	•		8 Sewage lagoon			12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage				
	U	er lines 6 See			9 Feedyard							
Direction fr		NORTHE		0100		FDOM	T	any reet?	200	ITEDVALO		
FROM	ТО		LITHOLOGI	CLOG		FROM	то		PLUGGING IN	IIERVALS		
	6	SAND P	LNE				 		,			
6_	32	5727	400 -				 					
32	36	SAN	KSR. WE	4 COBA	4							
<u> 36</u>	50	STUTY O				 	 					
50	105	CLAYK				_	 					
105	114	SUMIA) CHUNT				 					
							 					
									REC	DEIVE		
					•••							
									SEP	0 9 200	4	
									BUREAU OF WATE			R
7 CONTR	ACTOR'S	OR LANDOWNE	R'S CERTIFIC	ATION: This v	water well v	vas Donst	ructed, (2) red	constructed.	or (3) plugged un	der my juris	sdiction a	and was
completed of	on (mo/day/y	year)	127/09				and this r	ecord is true	to the best of my ke	nowledge ar	nd belief.	. Kansas
									ay/yr)			
under the b	usiness nan	ne of	CAMBRIA	BALLER	and a	and a	all. by	(signature)	1. 14.11	1//		

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 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.