			WAT	ER WELL RECORD	Form WWC-5	KSA 82a	-1212	
LOCATI	ON OF WAT	TER WELL:	Fraction	4 SW 4 S	Sec	tion Number	Township Numbe	Range Number
	nd direction	from nearest to	wn or city street	address of well if loca	ated within city?	SECOR		
WATER	R WELL OW		. C. CHA					
-	Address, Bo	x # ·		NIE MANHAT	TAN KS.	6650	Board of Agricu Application Num	lture, Division of Water Resources
LOCATI	WELL'S L	OCATION WITH	4 DEPTH OF	COMPLETED WELL.	36	ft. ELEVA		
AN "X"	IN SECTION	N BOX:	Depth(s) Grour	dwater Encountered	122.	ft. 2	2 	. ft. 3.
i [I					lay/yr 0.6-1.2-93
-	- NW	NE						urs pumping gpm urs pumping gpm
<u>'.</u>	1		5					in. to—ft.
• w -	!	! "	WELL WATER	TO BE USED AS:	5 Public water	er supply	8 Air conditioning	11 Injection well
ī _	- SW	SE	1 Domesti	•				12 Other (Specify below)
,	x ¦	!	2 Irrigation					if yes, mo/day/yr sample was sub-
<u>L</u>	^ 		mitted	i/bacteriological sampi	e submitted to D		ter Well Disinfected? Y	
TYPE C	OF BLANK (CASING USED:		5 Wrought iron	8 Concre			Glued . X Clamped
1 Ste	el	3 RMP (S	R)	6 Asbestos-Cemer	nt 9 Other	(specify below		Welded
2 PV		4 ABS		7 Fiberglass				Threaded
	•							in. to + ft.
•	-	and surface R PERFORATIO		in., weight	3 C.H. 9.0	_	n. wall thickness or gal	uge No
1 Ste		3 Stainles		5 Fiberglass	-	IP (SR)		pecify)
2 Bra		4 Galvania		6 Concrete tile	9 AB			ed (open hole)
•							11 None (open hole)	
1 Co	ntinuous slo	===	<u>fill slot</u>		re wrapped		9 Drilled holes	_
	uvered shutt		ey punched		rch cut			. ft. to .
		ED INTERVALS:	From					. ft. to
	PAVE L PA	CK INTERVALS:						. ft. to ft.
			From			ft., Fron	n —	ft. to — ft.
_	MATERIAL vals: 7 Froi	.: 1 Neat (2 Cement grout	9 ft.			ft. to
								14 Abandoned water well
1 Septic tank 4 Lateral lines 7 Pit privy							-	15 Oil well/Gas well
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit				8 Sewage la 9 Feedyard	-		zer storage ticide storage	16 Other (specify below)
Direction f	-	-	/ W	3 i eedyard		How mar		4
FROM	TO		LITHOLOGIC		FROM	то	PLUGG	ING INTERVALS
<u>6L</u>	<u>5</u>		SILTY SAKU)				
<i>5</i>	12	CLAY	SAND					
77	25		- MED TI	COARSE				
ZS	30	SAM				-		
30	35		EY SAN	7)				
35	42	SHAL	E					4727
		40.197						

	10705:0	ND 1 44 100 11 11 11	DIO 055555	FIONI This	(4)			
-	RACTOR'S (on (mo/day/	<i>n ,</i>	- 12-93					d under my jurisdiction and was my knowledge and belief. Kansas
Vater Well	Contractor's	s License No					on (mo/dav/yr) . 0.7.	- 02 - 83
	ousiness nar	me of	EBBERTS	DRILLIVG		by (signat	ure) Yrosan	Ellect

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 dorrect answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.