W/A	TER WELL RECORD	Form WWC-5	KSA 82a-	1212 ID I	No	(7	wells)	
1 LOCATION OF WATER WELL:	Fraction			ction Number	Townsh	ip Number	Range Number	
Distance and direction from nearest tow SO NE Stro 2 WATER WELL OWNER: Cit	it Tope	ess of well if located y		6616	T			
RR#, St. Address, Box # : City, State, ZIP Code :	SETHS	T. Room (6 (olds10	-			tion Number:	vision of Water Resources	
J LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N - NW NE W - SW SE I I I I I I I I I I I I I I I I I	Est. Yield WELL WATER TO E 1 Domestic 2 Irrigation	ter Encountered 1 ATER LEVEL	wasublic water oil field wate comestic (lav	ow land surfa	after	hours pu hours pu oning 11 Inju 12 Ot well	mping gpm mping gpm ection well her (Specify below) o/day/yrs sample was sub-	
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SF	R) 6 A	Wrought iron Asbestos-Cement Fiberglass		(specify belo		Welde	dded	
Blank casing diameter Casing height above land surface TYPE OF SCREEN OR PERFORATIO 1 Steel 3 Stainless 2 Brass 4 Galvaniz	N MATERIAL:	ft., Dia in., weight Fiberglass Concrete tile	/a35 <⊄P	in. to /C > MP (SR)	ft lbs./ft. Wall th 10 11	, Diaickness or guage Asbestos-Ceme	in. toft. Noft.	
	ill slot ey punched	6 Wire v 7 Torch	cut			oles pecify)	11 None (open hole)ft.	
SCREEN-PERFORATED INTERVALS: GRAVEL PACK INTERVALS:	From	ft. to ft. to	68	ft., Fror ft., Fror	n n	ft. to . ft. to .		
6 GROUT MATERIAL: 1 Neat Grout Intervals: From	ft. to	Cement grout	3 Ben	to	ther ft., From stock pens		.ft. toft.	
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit Direction from well?		7 Pit privy8 Sewage lagoon9 Feedyard		11 Fuel storage 12 Fertilizer storage 13 Insecticide storage How many feet?		15 Oi	15 Oil well/Gas well 16 Other (specify below)	
FROM TO	LITHOLOGIC LO	G	FROM	10 /0 / 68'	Concre Flowable		ERVALS	
	7.45				(IDD and))	
			T	gfical	for	2 Well	's on	
					Sił	و		
CONTRACTOR'S OR LANDOWNE completed on (mo/day/year)	R'S CERTIFICATION	I: This water well wa	s (1) constr	ructed, (2) rec and this recomple	constructed, or record is true to the ded on (mo/day/	(3) plugged under the best of my known	er my jurisdiction and was owledge and belief. Kansas 5 (0.3.)	

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 Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send of the WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.