			ER WELL RECC	ORD For	m WWC-5	KSA 8	2a-1212	ID No			
	ON OF WAT		Fraction				Section Nu	mber	Township N	lumber	Range Number
County:					NE_	1/4	22		т 11_	S	R 17E E/W
		rom nearest town	•	dress of we	ell if located	d within city	?				
	WELL OWN		man y Farms			*Eas	t Well				
RR#, St. Ad City, State,	ldress, Box f ZIP Code		Box 904	6604	4				Application	Number:	Division of Water Resources
3 LOCATE AN "X" IN TYPE O 1 Steel 2 PVC Blank casin Casing heig TYPE OF S 1 Stee 2 Bras SCREEN O 1 Cont 2 Louv	WELL'S LOCAL SECTION IN SECTION I	ASING USED: 3 RMP (SR) 4 ABS 16" PERFORATION 3 Stainless 3 4 Galvanize ATION OPENING 3 Mill 4 Key	DEPTH OF CODepth(s) Ground WELL'S STATIC Pum Est. Yield6.0 WELL WATER T 1 Domestic 2 Irrigation Was a chemical/ mitted MATERIAL: J Steel d Steel SS ARE: slot y punched	DMPLETED dwater Enco WATER LE p test data: .Q gpm: O BE USED 3 Feedd 4 Indus bacteriologi 5 Wrought 6 Asbestos 7 Fiberglas 0 in., weig 5 Fiberglas 6 Concrete	well water of the second secon	1	ter supply ater supply (lawn & gar to Department (specify in the control of the c	ft. asurfaceft. af rden) 1 nent? Yo Wa below)	e measured on meter fiter	Go/day/yr	y)pen hole) 11 None (open hole)ft.
SCREEN-PERFORATED INTERVALS: From											
Grout Inter What is the 1 Sep 2 Sew 3 Wat	e nearest sou tic tank ver lines ertight sewe		ft. to22 ontamination: I lines oool			y e lagoon	10 11 12 13	Livesto Fuel st Fertiliz Insecti	ft., From ock pens torage er storage icide storage	14 . 15 .	ft. toft. Abandoned water well Oil well/Gas well Other (specify below) n field
Direction fr FROM	om well?		LITHOLOGIC	LOG		FROM		w man	<u> </u>	UGGING I	NTERVALS
0 2 30 54	2 30 54	top soil clay bro fine/cou limeston	wn rse sand		1						
7 CONTR	ACTOR'S O	R LANDOWNER	'S CERTIFICAT	IQN: This v	vater well v	was (1) co	nstructed, (2) reco	nstructed, or (3) cord is true to the	plugged ur best of my l	nder my jurisdiction and was knowledge and belief. Kansas
Water Well Contractor's Licence No											
INSTRUCT	TIONS: Use type	writer or ball point pen	PLEASE PRESS FI	RMLY and PRIN	VT clearly. Plea	ase fill in blank		circle the	correct answers. Send		es to Kansas Department of Health NER and retain one for your