				R WELL RECORD	Form WWC-5				
11 LOCATI	ION OF WAT Jeffers	r ER WELL : on	Fraction SW 1/4	SW 1/4 N		tion Number	Township Nu	T.4 ∩	mber ≓‱
				ddress of well if locate		3.mil	E of Newm	s R 10	12/7//
2 WATER	R WELL OW	NER:	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Adelte B. Sl	ough				
RR#, St. A	Address, Box	(# :		8811 Riggs C Overland Parl		6212	Board of A	griculture, Division of Water	Resource
City, State	e, ZIP Code	;		Overtand Par	K, KD 0	02 12	Application	Number: 12003	
3 LOCATI AN "X"	E WELL'S L						TION:	ft. 3	
ī ſ	1	, ,						mo/day/yr . 4/3/86	
[1							hours pumping 1.000.	
	NW	NE	Est. Yield 100	OO . gpm: Well wat	er was 2	9 ft. a	fter 2	hours pumping 1.000.	gpm
ا بر	i	y i	Bore Hole Diame	eter32in. to			and	in. to	
Mile M		1	WELL WATER T	O BE USED AS:	5 Public water	er supply	8 Air conditioning	11 Injection well	
ī	sw		1 Domestic	3 Feedlot	6 Oil field wa	ter supply	9 Dewatering	12 Other (Specify be	elow)
	1	3, 3,	2 Irrigation	4 Industrial			10 Observation we		
' <u>∤</u> L	l		Was a chemical/l	bacteriological sample	submitted to De	· ·	esNo ^A ter Well Disinfecte	; If yes, mo/day/yr sampl d? Yes No	le was sub X
5 TYPE (OF BLANK (CASING USED:	Immed	5 Wrought iron	8 Concre			NTS: Glued Clampe	
1 St		3 RMP (S	R)	6 Asbestos-Cement		(specify below		Welded Olampe	
2 PV		4 ABS	- - /	7 Fiberglass	-		*) 		
			in. to					in. to	
								or gauge No	
		R PERFORATIO		,g	7 PV			estos-cement .750	
1 Ste		3 Stainles		5 Fiberglass		IP (SR)		er (specify)	
2 Br		4 Galvaniz		6 Concrete tile	9 AB			e used (open hole)	
		RATION OPENIN			zed wrapped	_	8 Saw cut	11 None (open	hole)
	ontinuous slo		lill slot	6 Wire wrapped			9 Drilled holes	(· · · · · · · · · · · · · · · · · · ·	,
	uvered shut	_	ey punched	7 Torcl	• •			·)	
SCREEN-I	PERFORATI	ED INTERVALS:	• •	.34 ft. to .		ft., Fro	, , ,	, , , , , , ft. to	
			From	ft. to .		ft., Fro	m	ft. to	ft.
	GRAVEL PA	CK INTERVALS:	_		-			ft. to	
6 GROUT	T MATERIAL	: 1 Neat o	•	2 Cement grout	O. Damie			ft. to	
Grout Inter								ft. to	
		urce of possible					tock pens	14 Abandoned water	
	eptic tank	4 Later		7 Pit privy			*		Well
1	ewer lines	5 Cess		· •			Fuel storage 15 Oil well/Gas well Fertilizer storage 16 Other (specify below)		OW)
		er lines 6 Seep	•	9 Feedyard	joon	12 Fertilizer storage 16 Other (specify be 13 Insecticide storage NONE NONE			O W)
Direction f	-	ei iiiles o Seep	age pit	3 i eedyald			•		
FROM	TO TO		LITHOLOGIC	LOG	FROM	How ma		LITHOLOGIC LOG	
0	3	Black to	op soil						
3	24	hard brow							
24	29			brown silt					
29	34		own gravel						
34	37			vel and gray o	clay				
37	38	fine gray							
38	39		gravel (c	lear)					
		111 C CC 0 22 L C2 V	WINDLE !!						
1 7 9				vel					
3 9 49	49	medlarg	ge gray grav					V- (11/1)	
49			ge gray grav						
	49	medlarg	ge gray grav						
	49	medlarg	ge gray grav						
	49	medlarg	ge gray grav						
	49	medlarg	ge gray grav						
	49	medlarg	ge gray grav						
49	49 50	medlarge roo	ge gray gra eks STOPP	ED					
49	49 50	medlarge roo	ge gray gra eks STOPP	ED	vas (1) constru	cted, (2) reco	onstructed, or (3) p	olugged under my jurisdiction	n and was
7 CONTR	49 50 RACTOR'S (medlarge roo	ge gray grav eks STOPP B'S CERTIFICATI 731/86	ON: This water well v	vas (1) constru	cted, (2) reco	onstructed, or (3) pord is true to the be	olugged under my jurisdiction st of my knowledge and beli	n and was
7 CONTR	HACTOR'S (I on (mo/day/	medlarge roo	ge gray graveks STOPPI R'S CERTIFICATI 731/86 323	ON: This water well v	vas (1) constru	s completed	on (mo/day/yr/)	llugged under my jurisdiction st of my knowledge and beli 	n and was ief. Kansas
7 CONTF completed Water Wel under the	ACTOR'S (on (mo/day/	medlarge room large room DR LANDOWNER (year) 3/ s License No	ge gray graveks STOPPI R'S CERTIFICATI 731/86 323 Sbler Drill	ON: This water well v	Vell Record wa	s completed by (signa	on (mo/day/yr) ture)	- Hooles	
7 CONTR completed Water Wel under the INSTRUC	RACTOR'S (on (mo/day, ll Contractor' business na	DR LANDOWNER year) 3/ s License No me of Hock	ge gray graveks STOPPI R'S CERTIFICATI 731/86 323 Sbler Drill: point pen, PLEAS	ON: This water well v This Water V ing Company E PRESS FIRMLY ar	Well Record wa	s completed by (signa ly. Please fill i	on (mo/day/yr/) ture) n blanks, underline	olugged under my jurisdiction st of my knowledge and beling the correct answers of circle the correct answers KS 66620. Send one to WAT	s. Send top