TI OO ATIO	NI OF 14/47	WAI	ER WELL REC	ORD Form WWG-5		d-1212 ID		ship Numb	~ -	Range Numb	
	N OF WAT		Fraction			tion Number		• •	-	10/	
	DUG			NE 1/2 NW		34	T		(ŝ)	R / 🗡	<b>E</b> Mi
Distance ar	nd direction	from nearest tov	vn or city street	address of well if locate	d within git	y? <b>/</b>					_
Fran	COWAIN	TAGUIA	NOSON &	CLARK STREET	- 1/4	miles )	VoiH	CROSS	KKH	CHCK BASE	WALT
WATER	WELL OWN	IER: CITY C	T / Erda	AL-	-1/7	1111.			11.	5/	1de
				ואשרוען			Deer	al of Amelouis	uwa Diula	ion of Wester F	00000000
	ddress, Box	# POB	ex 100,							ion of Water F	
ity, State,	ZIP Code	LEC	PMOTON	1 KS 6605	0 .		Appi	cation Num	ber: 4	4845	2
LOCATE	WELL'S LO	CATION WITH 4	DEPTH OF	OMPLETED WELL	UC (	ft. ELEVA	ATION:		<b>. /</b> .	7.7.1.0	<b>,</b>
	N SECTION	BOX:	_ Depth(s) Ground	dwater Encountered WATER LEVEL 15.4	<b>, ,</b>	ft.	2		.ft. 3		ft.
	N		WELL'S STATIC	WATER LEVEL 15.	ft. belo	w land surfac	e measured	d on mo/dav/	vr	3-06	
<b>A</b>			Pum	p test data: Well water	was 2	1) 5 ft s	after /	7 - h	oure num	ning 241	anm
	,.!. <b>/</b> X	.									
	NW 21 -			gpm: Well water							
	1		Bore Hole Diam	eter <b>3.6</b> . <sup></sup> in. to .	49.1	، <b>(۲</b>	and. 34	RHILL	in.	to	ft.
₩ —	<u> </u>	E   \	WELL WATER	TO BE USED AS: 🗐 Pu	blic water s	supply	8 Air condit	ioning	11 Inject	tion well	
-	!	!	1 Domestic		field water			ng		r (Specify belo	ow)
	- sw   -	_ e	2 Irrigation					-			-
	- Svv — —   —	I	•		-						
<b>↓</b>	1	i 11,	Was a chemical/l	oacteriological sample subr	nitted to Dep	partment? Yes	s N	<b>ට</b> ; If	yes, mo/c	lay/yrs sample	was sub
<u>'</u>	S		mitted C149	SENT SAMOLE	- 200	<b>↓</b> Wate	er Well Disir	nfected? Ye	s	No	)
TYPE O	F BLANK C	ASING USED:		5 Wrought iron	8 Concre	ete tile	CAS	ING JOINTS	: Glued.	Clamped	d
Stee		3 RMP (SR		6 Asbestos-Cement							
_		•	,							d	
2 PVC		4 ABS		7 Fiberglass					Inreade	a	
Blank cas	ing diameter	16	in. to	<b>2</b> ft., Dia	in	. to	ft.,	Dia		in. to	
Casing be	ight above la	and surface	. O i	n., weight		lbs.	./ft. Wall thi	ckness or ga	auge No		
		R PERFORATI			7 PV			10 Asbesto			
				5 Fiberglass							
1 Steel Stainless s			ed steel	9 AB	IP (SR)		12 None us				
2 Bras				6 Concrete tile							
		RATION OPEN		5 Gauzed wrapped			8 Saw		1	1 None (open	hole)
	tinuous slot	3 Mill		<b>©</b> Wire w	rapped		9 Drilled				
2 Lou	vered shutte	r 4 Ke	y punched .	7 Torch	cut						
SCREEN-	PERFORAT	ED INTERVAL	S: From	<i>k9</i> ft. to <b>5</b>	<b>L</b>	ft., Fron	n <i></i>		ft. to		ft
			From	ft. to		ft., Fron	n		ft. to		ft.
	GRAVEL PA	ACK INTERVALS	S: From 4	9 ft. to	<b></b>	ft., Fron	n		ft. to		ft.
				ft. to							
LODOUT	MATERIAL	: 1 Neat ce	mont	(Coment grout	2 Pontor	nite 4	Othor				
Jakoui	MATERIAL	.: I Neat ce		2 Cement grout							
Grout Inte	ervals: Fro	m <b>. (. (. (. )</b>	ft. to <b>ふんん</b>	MCC.ft., From						t. to	ft.
What is the	ne nearest s	ource of possibl	e contamination	n:		10 Lives	stock pens		14 Abar	ndoned water v	vell
1 Septic tank 4 Later			ral lines 7 Pit privy		11 Fuel stor		storage	rage 15 (		Oil well/Gas well	
2 Sewer lines 5 Cess			nool		idoon	joon 12 Fertilizer		storage 160ther (s		er (specify belo	ow)
3 Watertight sewer lines 6 Seepage p			•		13 Insecticide storage			KANSHS			
3 wat	ertignt sewe	r lines 6 Seepa	ige pit	9 Feedyard				•		0.421.3	
Direction	from well?	Νε	okth			How ma	any feet?	ALC: NO STATE OF THE PARTY OF T			
FROM	ТО	Ĺ	ITHOLÒGIC LO	OG	FROM	TO		PLUGG	ING INTE	RVALS	
1)	15.5	TOP SI	DI 1 5 C)	ry ovenburo	lama)						
	1015	TOP SI	2117 00	THE CUELLARY			<del>/</del>		/		
1 000	001	114-1	1 . /				<del></del>				
15.5	33'	MEDIUM	1 to Ver	4 COURSE							
		5MV A	IW/GZ	ivel_							
,			7								
22	11-1	Maller	L. C.	1 4 5 1 = SmaleD				X			
22	4/	MECHIN	n TO CO	ULSE SAND	<del>/</del>			$\overline{}$			
		With	SOME	INC SANA	7	ļ.		$\overline{}$		****	
		Smn	1) GRAVE								
							/	/			
115	40	Charle	6						$\overline{}$		
4/	50	Bed R									
							/		$\overline{}$		
								****			
							/			\	
							/			1	
7 001175	AOTODIO O	D I ANDOMINE	NO OFFICIO	FIONI. This	. (1)	rusted (2)		or /0\ =l	and water	my historical	n ond
		, ,		TION: This water well wa							
completed	on (mo/day									ledge and beli	ef. Kansas
				This Water Wel						200 fe	
	business na	. 1		1			signature)	V	T.		,
under me	business nai	LAU	NE Chi	STENSEN CO.		by (s	signature)	1	4 . (	Julia	
IN OTOLIO	TIONS: Use type	writer or ball point pen	. PLEASE PRESS FII	RMLY and PRINT clearly. Please fi	II in blanks, und	lerline or circle the	correct answer	s. Send top three	copies to Ka	nsas Department of	Health and
INSTRUC					.,			of \$5.00 to			