				WELL RECORD	Form WWC-		2a-1212		
→	ON OF WAT		Fraction 1/4	NE "SE	í	ction Number 34	1 11	1	Range Number R 25 EW
County:	Wyand			ress of well if locate	1/4 d within city?		T //	s L	n ac CEW
		3rd Street			a within city?				
	WELL OW	13	rly Gates						
AR#, St. A	Address, Box	(#: 1011.	5 Wenong	a Lane			Board of A	griculture, Div	ision of Water Resources
City, State,	ZIP Code		ood, Ks.				Application		
LOCATE	WELL'S LO	OCATION WITH	DEPTH OF COL	APLETED WELL	26	ft FLF\	/ATION:		
AN "X" I	IN SECTION	Y BOX:	epth(s) Groundwa	ter Encountered 1	17-181		2	ft. 3	commence and the
, r	1	· · · · · · · · · · · · · · · · · · ·	ELL'S STATIC W	ATER LEVEL . 17.	5/aft.	below land s	urface measured on	mo/day/yr	1-14-98
1	1				-				ping gpm
-	- NW	NE Es							
<u>.</u>	_ i	Bo	ore Hole Diamete	r 8 5 in. to	.26'		, and	in. to	oing gpm o
₹ ⊬	1		ELL WATER TO		5 Public wat				ection well
; l	1		1 Domestic	3 Feedlot	6 Oil field wa	ater supply	9 Dewatering	12 Ot	her (Specify below)
-	- 2M	35	2 Irrigation	4 Industrial	7 Lawn and	garden only	Monitoring well		
	_ i _]	i w	as a chemical/ba						o/day/yr-sample was sub
	S	mi	tted			v	Vater Well Disinfected	d? Yes	(N)
TYPE O	F BLANK C	CASING USED:		Wrought iron	8 Conc	rete tile	CASING JOI	NTS: Glued	Clamped
1 Ste	el	3 RMP (SR)	•	Asbestos-Cement	9 Other	(specify bel	ow)	Welded	
(2 PV		4 ABS		' Fiberglass				Threade	ed X
		2.375in	1 1 1) FA						to . SDR 1.3 ft.
Casing heig	ght above la	and surface.F.	ħ.Ht. X.2ir	., weight	<u></u>	<u>.</u>	s./ft. Wall thickness o	or gauge No.	SCH.40
TYPE OF S	SCREEN O	R PERFORATION N	MATERIÁL:		7 P	/C	10 Asb	estos-cement	
1 Ste	el .	3 Stainless st	eel 5	i Fiberglass	8 RI	MP (SR)	11 Othe	er (specify)	
2 Bra		4 Galvanized		Concrete tile	9 A	38	12 Non	e used (open	•
		PATION OPENINGS			ed wrapped		8 Saw cut	1	1 None (open hole)
	ntinuous slo				wrapped		9 Drilled holes		
	uvered shutt		punched	7 Torch	, /			•	
SCREEN-P	PERFORATE	ED INTERVALS:							
_		OK INTERVALO							
G	HAVEL PA	CK INTERVALS:			T				
GROUT	MATERIAL	· 1 Nost con	From	ft. to Cement grout	(A) Down	ft., F			п.
Grout Inton	MAIERIAL vale: Eror	: 1 Neat cen	3'	Cement grout ft., From3	, ③Bent				ft. to
What is the	vais. Flui a negreet ec	Nurse of possible sou	ntamination:	ii., Floiii	(a)		estock pens		ndoned water well
1 Ser	ptic tank	4 Lateral I	inee	7 Pit privy	•				
•		5 Cess po			200	Fuel storage Four 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below			
3 Watertight sewer lines, 6 Seepage		-			13 Insecticide storage			or (specify below)	
		noll ust		3 i eedyald			any feet?		
FROM	TO		LITHOLOGIC LO)G	FROM	TO		UGGING INT	ERVALS
0	.50	Ls Rx/grav	zel, conc	rete			,		
50	5	Dk brn cla	ay, dry,	friable,					
		no odor.							
5		· ·	w/ltc	lay mottli	ng,				
		trace of s							
		oxides, no	odor.						
22	26	Yellow gr	ay-red b	<u>rn weather</u>	ed			···	
		<u>shaley cla</u>	y, moist	, tight.					
		no odor.				ļ			
						<u> </u>	F1 mt. CK	Lyd 5'	Oon Taylor
								~ *	
		· · · · · · · · · · · · · · · · · · ·				ļ			
<u>, </u>						1			
CONTR	ACTOR'S	OR LANDOWNE S	CERTIFICATION	N: This water well w	as (1) constru	ucted, (2) re	constructed, or (3) p	lugged under	my jurisdiction and was
completed .	on (mo/day/	Veer US	2.0			and this re	cord is true to the bes	st of my know	ledge and belief. Kansas
Nater Well	Contractor'	s License No.⊽⊷⊶	ວ່າ ປາດພາສາສະ	This Water W	eil Record w	as complete	d on (mo/day/yr)	0-13-18	<u>[</u>
under the b	ousiness na	me of	TTOMEST L		E; 	by (sign	nature) Jame	4 Blek	
INSTRUC	CTIONS: Use tv	pewriter or ball point pen	. PLEASE PRESS FIRI	ALY and PRINT clearly. Ple	ase fill in blanks,	underline or cir	cle the correct answers. Se	end top three cor	pies to Kansas Department
of Health	n and Environm	ent, Bureau of Water, Top	oeka, Kansas 66620-0	001. Telephone: 913-296-5	545. Send one to	WATER WELL	OWNER and retain one fo	r your records.	