	W	ATER WELL REC	ORD For	rm WWC-5	5 KSA 82a	-1212 ID N	0						
1 LOCATION OF WATER WELL: Fraction					Se	ection Number	Tov	Township Number			Range Number		
County: Wya	ndotte	SE 14	SE 14	SE	1/4	20	<u> </u>	11_	S	R	25	©)W	
Distance and direct	on from pearest to	wn or city street a	addrage of wa	all if locate	d within city?	1/2	C^{1}	116					
	02-1 a	t BNSF	- Arge	<u>ntine</u>	Yara.	Ransas	City	<u> </u>					
2 WATER WELL	OWNER: BN	SF Railro	cod %	The R	ETEC	Group	•						
RR#, St. Address, I		00 W 64							riculture, Di	vision of	Water R	lesources	
City, State, ZIP Cod	e : Sh	awnee 1	<u>Missioc</u>	KS	106202	, ELEVA:		plication I					
3 LOCATE WELL'S		1				π. ELEVA ft	.I ION:						
AN "X" IN SECTI	N BOX:	Depth(s) Grour	ndwater Enco	ountered	1 ft he	π low land surfac	. 2 e measure	d on mo/	π. <i>3 .</i> 'dav/vr			п.	
I		Pur	mp test data:	Well wa	ter was	ft. a	after		hours pu	ımping		gpm	
NW-	NE	Est. Yield	gpm:	Well wat	ter was	ft. a	after		hours pu	ımping		gpm	
- 	- - NC	WELL WATER			Public water		8 Air cor	_		ection we			
w !	E	1 Domestic 2 Irrigation		iot d strial 7	Oil field wate Domestic (la	wn & garden)	9 Dewat	enny orina well.					
'' !					20000 (10	a garao,	•						
sw-	- SF	Was a chomica	al/bactoriologi	ical cample	a cubmitted to	Department?	Voe N	_{lo} X	· If yee mo	o/day/yrs	samnle	was sub-	
SW SE - Was a chemical/bacteriological sample submitted to Department? Yes No										Was sub			
1	\												
5 TYPE OF BLAN	S IK CASING USED:	1	E Massabt	iran	0 Cana	roto tilo	CA6	SINC IOI	NTS: Glued		Clampar	4	
1 Steel	R CASING USED. 3 RMP (S		5 Wrought 6 Asbestos		8 Conc 9 Other	rete the (specify below		SING JOIL					
∠PVC 4 ABS			7 Fiberglas	ss			·····		Threa	ded	.		
Blank casing diame	ter	in. to	M1904:	. ft., Dia .		in. to		ft., Dia		i <u>n</u>	. to	ft.	
Casing height abov	e land surface		in., weig	ght			lbs./ft. Wa	ıll thickne:	ss or guage	No ک	ìch	10	
TYPE OF SCREEN					♂				estos-Ceme				
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel			5 Fiberglass6 Concrete tile			8 RMP (SR) 9 ABS		11 Other (Specify) 12 None used (open hole)					
2 Brass			6 Concrete	e tile	9 A	55			, ,	•			
SCREEN OR PER	, _			_	azed wrapped		8 Saw			11 None	e (open h	nole)	
1 Continuous 2 Louvered sh		MANN (_	e wrapped ch cut		9 Drille	ed holes r (specify))			ft.	
		Key punched	5		٠	ft., From							
SCREEN-PERFOR	ALEDINIERVALS	From	3	π. το ft to		π., From ft From			π. το . ft to	•••••		ft	
GRAVEL	PACK INTERVALS	S: From 3 .	,5	ft. to	20,0	ft., From ft., From			ft. to .			ft.	
		From		ft. to		ft., From			ft. to .			ft.	
6 GROUT MATE	RIAL: 1 Nea	at cement	2 Cemer	nt arout	(3 B ei	ntonite 4	4 Other						
Grout Intervals:	rom 0,5	ft. to 3.5	2 ft., F	rom	ft.	to	ft., Fr	om		ft. to		ft.	
What is the neares			•				tock pens			oandone			
1 Septic tank	1 Septic tank 4 Lateral lines			7 Pit privy		11 Fuel storage			15 Oil well/Gas well				
2 Sewer lines 5 Cess pool				8 Sewage lagoon		12 Fertilizer storage			Other (specify below)				
3 Watertight sewer lines 6 Seepage pit			9 Feedyard			13 Insecticide storage Ray Yara							
Direction from well						How man	ny feet?						
FROM TO		LITHOLOGIC			FROM	ТО		PLU	GGING INT	TERVALS	3		
0 6	Fill: b	rick, grav	el clay	/									
6 9	Gravel			<u> </u>									
9 10	Silt W/	trace fine	sand										
10 12	Sit												
12 25	Sand												
-						-		· · · · · · · · · · · · · · · · · · ·					
l													
7 CONTRACTOR completed on (mo/c	S OR LANDOWN	ER'S CERTIFICA	TION: This v	water well	was(1) const	ructed, (2) reco	onstructed	, or (3) pl	ugged und	er my ju	risdiction	and was	
completed on (mo/d	ay/year)	11.11.106				and this re	cord is true	e to the be	est of my kn		and delle	∍ı. r∖aiisas	
Water Well Contract				. This Wat	er well Recor	a was complete	ed on <i>(mo/</i> (sign / ature)		, ,				
under the business	name of	コロス ロンレリー	I NV'			Dy ((signpuule)	/ \\!	me 🗀	TAN MA	Λ		
	1 110	PUADRILL,	, ", 40,							to Kanese I	nartment	of Health	
	typewriter or ball point preau of Water, Geology S	5: 5105 85500	DOM	VT clearly. Ple	ase fill in blanks, u sas 66612-1367.	nderline or circle the	correct anew 5522. Send or	ers. Send to	p three copies	to Kansas I R and retai	Department n one for yo	of Health	