			TER WELL REC	ORD For	m WWC-5	KSA 82a-	1212 ID No			
	ON OF WAT Wyando		Fraction NW 1/4	NW 1/4	NW	- 1	tion Number	Township Number	Range Number	
						/		1 7 5	I R & D (E/W	
Distance and direction from nearest town or city street address of well if located within city?  Approx. 300' north										
2 WATER	WELL OWN	NER: Colga	te-Palmolin	lei						
City, State,	dress, Box # ZIP Code	* : 1866 : Kans	Kansas Ave as Citu	 55 66105				Board of Agriculture, Division of Water Resources Application Number:		
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL										
w	Pump test data: Well water was									
	Was a chemical/bacteriological sample submitted to Department? Yes									
5 TYPE C	OF BLANK C	ASING USED:		5 Wrought	iron	8 Concre	ete tile	CASING JOINTS: G	lued Clamped	
2 PVC	1 Steel 3 RMP (SR) 2 PVC 4 ABS			6 Asbestos-Cement 7 Fiberglass		9 Other	specify below	CPVC	Veldedhreade	
Blank casir	ng diameter .	17	<b>7</b> in. to		ft., Dia		in. to	ft., Dia	ft.	
Casing height above land surface										
		PERFORATION		7 PVC				10 Asbestos-Cement		
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel				5 Fiberglass 6 Concrete tile		8 HN 9 AB	MP (SR) S		12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)										
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes										
SCREEN-PERFORATED INTERVALS: Fromft. to										
From										
6 GROUT MATERIAL: 1 Neat cement 2 Cement group 3 Bentonite 4 Other										
Grout Intervals: From									4 Abandoned water well	
	tic tank		eral lines		7 Pit privy	,	11 Fuel s		5 Oil well/Gas well	
	ver lines	5 Ces						cilizer storage 16 Other (specify below)		
3 Watertight sewer lines 6 Seepage pit 9 Feedy										
Direction fr	om well?						How mar			
FROM	TO		LITHOLOGIC	CLOG		FROM	ТО	PLUGGING	G INTERVALS	
0	3.5	FIL	^ -							
3.5	32 37.5	Clay, tra	ce fine san	d, dark	gray					
, ,	71.3	zana, F	he to meal	1m, 011 ve	g ray					
	7.3		77.0							
	-	Walla.		400.		-				
								76.00	1984	
									1975	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas										
Water Well	Contractor's	Licence No	<b>5</b> 52				was complete	ed on (mo/day/yr)	. ,	
under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers sand top three copies to Kansas Department of Health										
INSTRUC	HONS: USE TYPE	swriter or ball point p	ien. <u>Please Phess i</u>	rinivilit and PHII	v/ cleany. Plea	эе ш и рапкs, un	identifie of circle the	correct answers Sand top three of	bies to Kansas Department of Health	

and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.