		WA	TER WELL	RECO	RD I	Form WWC	)-5	KSA 82a	-1212 ID	No						
1 LOCAT	Fraction					ction Number	er	Township Number			Range Number					
	ickins	SOD	SW	1/4	SW	1/4 <b>S</b> <sup>1</sup>	W 1/4	,	1		т	13_	s	R	1_	E/ <b>W</b>
		from nearest to	wn or city str	eet add	dress of	well if local	ted v	vithin city?		-						
2 mi	les We	st & 1 n	nile No	orth	of	Abile	ne.	. KS								
	WELL OW		sholm '													
RR#. St. Ad	ddress, Box	_	Jon T						St.		Board o	of Agric	culture, D	ivision of \	Nater R	esources
City, State,	ZIP Code	: Abil	lono 1	7 C	6741	Λ					Applica	tion N	umber:	42,88	4	
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH	OF CO	MPLETE	ED WELL		1.0.0	ft. ELE\	/ATION: .						
	N SECTION		Depth(s) G	around	vater Er	ncountered	1			.ft. 2			ft. 3			ft.
	N	1	WELL'S S	TATIC \	WATER	LEVEL	42.	ft. bel	low land surf	ace meas	sured or	n mo/d	lay/yr	1.1	. /. 4. /. (	2
	1	i l	Est Viold	Pump	test dat	ta: Well w	ater	was	f	t. after			hours po	umping	70	gpm
	-NW -	- NE	Est. Yield 9.0 gpm: Well water was										уртт			
	1	I I	_1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify to									ify belo				
l w⊢	-	<del></del>  E	X2 Irriga	<u>ıtion</u>	4 Inc	dustrial	7 D	omestic (la	wn & garden	) 10 Mo	nitoring	well				
SW SE Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample v													was sub-			
mitted Water Well Disinfected? Yes X												No				
	<u>                                     </u>	1														
5 TYPE C	OF BLANK C	ASING USED:		F	Wroug	iht iron		8 Concr	rete tile		CASING	JOIN	TS: Glue	d <b>x</b> 0	Clamped	I
1 Steel 3 RMP (SR)							t	9 Other	er (specify below)					ed		
X <u>PVC</u> 4 ABS			7 Fib										aded			
Blank casir	ng diameter	·····6······	in. t	o8	.O	ft., Dia	ı		in. to		ft.	, Dia		in.	to	ft.
Casing heigh	ght above la	nd surface	1.2		in., w	eight		3.36		lbs./ft.	Wall thi	cknes	s or guag	e No <b>2</b>	55	
TYPE OF S	SCREEN OF					<b>X</b> P\				stos-Cem						
1 Steel 3 Stainless Steel					<ul><li>5 Fiberglass</li><li>6 Concrete tile</li></ul>			8 RMP (SR) 9 ABS			11 Other (Specify)					
2 Bras		4 Galvaniz		,	Concr				_		12	None	usea (op	· ·		
		RATION OPENIN	NGS ARE:					d wrapped			aw cut			11 None	(open h	nole)
	tinuous slot		lill slot				rch	vrapped cut			rilled ho					ft
	vered shutter		ey punched		_							•				
SCREEN-F	PERFORATE	ED INTERVALS:							ft., Fro							
	BRAVEL PAG	CK INTERVALS							ft., Fro ft., Fro							
									ft., Fro							
<u> </u>																
	IT MATERIA		t cement	2.4		nent grout		<b>X</b> Ben	ntonite	4 Othe						
Grout Inter	vals: Fron	n <b>2</b>	ft. to		ft.,	, From		ft.	to	ft.,	, From .			ft. to	•••••	ft.
		urce of possible		on:	none			1/4 m								vell
1 Septic tank 4 Lateral lines					7 Pit privy				_				5 Oil well/Gas well			
2 Sewer lines 5 Cess pool				8 Sewage la			agoon		tilizer sto	_		16 C	6 Other (specify below)			
3 Watertight sewer lines 6 Seepage   Direction from well?				age pit 9 Feedyar						ecticide s	·	•		••••••		
·									1 1	any feet?						
FROM	ТО		LITHOLO	JGIC L	.OG			FROM	то	<del> </del>		PLUG	IGING IN	TERVALS		
_0	_ 3	Topsoi]							<del>                                     </del>					·····		
3	4	Sand, 1					-									
4	13	Clay, t														
13	60	Shale,		vith	lim	eston	е	-					-			
		layers					-									
69	74	Shale,														
74	94	Limesto				.,,,										
94	95	Fractur							<del>                                     </del>							
95	100	Limesto	one				_									<u>:</u>
							$\dashv$									
						-	_						<del></del>			
															-	<del></del>
Ľ CONTRA	ACTOR'S O	R LANDOWNE	R'S CERTIF	FICATIO	ON: This	s water wel	l wa	s 🗶) constr	ructed, (2) re	construct	ted, or (	(3) plu	gged und	ler my juri	sdiction	and was
completed of	on (mo/day/y	ear) <b>11</b>	1/5/02						and this	record is	true to tl	ne bes	t of my kn	owledge a	nd belie	f. Kansas
		Licence No		_								W	<b>y</b> 1 / 27	<i>1</i> 02		
	usiness nam	I C C	erson :							y (signatu		1:4/	(e. /j	elin		
I INSTRUCT	TIONS: Use type	writer or ball point pe	en PLEASE PR	ESS FIRM	All Y and Pi	RINT clearly. P	lease '	fill in blanks, un	derline or circle	the correct a	nswers. S	end top	three copies	to Kansas De	epartment	of Health

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Healt 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.