		TER WELL RECO	RD Form WWC-5	KSA 82a-	1212 ID N	0					
1 LOCATION OF WA	TER WELL:	Fraction		I .	ction Number	Township Nur	mber	Rar	nge Numi	II.	
County: Douglas		NW 1/4 P		1/4 2:	2	T 13	s	R	20E	E/W	
Distance and direction		•		•							
			xouth sout			0045					
2 WATER WELL OW	1701	y Holliday	Y	Pe	rmit #	2245					
RR#, St. Address, Box City, State, ZIP Code	Lawr	E 1750 E cence, Ks.	. 66046			Board of Agri Application N	lumber:				
3 LOCATE WELL'S LO											
AN "X" IN SECTION	BOX:		water Encountered								
	I	WELL'S STATIC	WATER LEVEL 2.6. p test data: Well wat	ft. bel	ow land surfac	ce measured on mo/o	day/yr	5. <del></del> .2.4	. <del></del> .U.S		
		Est. Yield1.	0 lesi dala. Well wat 0 gpm: Well wat	er waser	ft. 6	afterafter	hours p	umping		gpm	
NW -	- NE Est. Yield1.0 gpm: Well water was										
w	1 Domestic   3 Feedlot   6 Oil field water supply   9 Dewatering   12 Other (Specify below)   2 Irrigation   4 Industrial   7 Domestic (lawn & garden)   10 Monitoring well   10 Monitoring well   10 Monitoring well   10 Monitoring well   11 Monitoring well   12 Other (Specify below)   13 Other (Specify below)   14 Other (Specify below)   15 Other (Specify below)   15 Other (Specify below)   16 Other (Specify below)   17 Other (Specify below)   18 Other (Specify below)   18 Other (Specify below)   19 O										
I I	X -	2 inigation	4 muustnai 7	Domestic (lat	wii a garden)	TO Monitoring well.					
sw	- SF	Mos a shaminal/	hootorialogical comule	a de la maissa de la c	D+0 \	V N- V	. 16	/-! /			
	Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample was sulmitted  Water Well Disinfected? Yes X No									vas sub-	
	<u> </u>					ator violi Bioliniooto	. 100		110		
5 TYPE OF BLANK	CASING LISED		5 Wrought iron	8 Concr	oto tilo	CACINIO IOI	ITC: Ol.	d X /	Clares		
1 Steel	JASING USED: 3 RMP (SF		5 Wrought iron 6 Asbestos-Cement		ete tile (specify below	CASING JOIN		d <del>?</del> ( led			
2 PVC	4 ABS	,	7 Fiberglass				Thre	aded			
Blank casing diameter	5	in. to	ft., Dia .		in. to	ft., Dia		in	. to	ft.	
Casing height above la	and surface	24	in., weight	282		lbs./ft. Wall thicknes	s or guag	je No <b>.</b> .2	58		
TYPE OF SCREEN OR PERFORATION MATERIAL:					<u>(C</u>		stos-Cen				
			5 Fiberglass 6 Concrete tile	8 AN 9 AE	MP (SR)	11 Other (Specify)					
					,0		s used (O	,	, .		
SCREEN OR PERFO		NGS ARE: Iill slot		azed wrapped e wrapped		8 Saw cut 9 Drilled holes		11 None	(open h	ole)	
2 Louvered shutte		ey punched	7 Toro			10 Other (specify)				ft.	
SCREEN-PERFORAT		From	75ft. to	95	ft From		ft to			ft	
		From	4 ft. to	ж.н	ft., From		ft. to			ft.	
GRAVEL PA	CK INTERVALS	: From4.	4ft. to	93	ft., From		ft. to			ft.	
		From	ft. to	•••••	π., From	·	π. το		••••••	π.	
6 GROUT MATERIA	AL: 1 Nea	t cement	2 Cement grout	3 Ben	tonite	4 Other					
Grout Intervals: Fro	m <b>4</b>	ft. to4.4.	ft., From	ft.	to	ft., From		ft. to		ft.	
What is the nearest so						tock pens		Abandoned		ell	
1 Septic tank			7 Pit privy		11 Fuel storage		15 (	15 Oil well/Gas well			
2 Sewer lines				8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)			
3 Watertight sewer lines 6 Seepage pit 9 Fee				ırd	13 Insecticide storage						
Direction from well?	north	LITUOLOGIC	100	EDOM		ny feet? 110 '	20110 ::	TED. (			
FROM TO		LITHOLOGIC	LUG	FROM	то	PLU	aging in	ITERVALS			
0 2	top so										
2 25	clay b		rr abaler								
25 29	sandst	one yello	w snary								
29 31 31 47											
47 52		grey sand one gr <del>y</del> s									
52 58		grey									
58 61		one grey									
61 63	sandst	one grey	энату								
63 64		one grey									
64 72			sakky shaly	,							
72 93		one grey									
93		one grey									
7 CONTRACTOR'S	OR LANDOWNE	R'S CERTIFICAT	ION: This water well	was (1) constr	ucted, (2) rec	onstructed, or (3) pl	ugged un	der my iur	isdiction	and was	
completed on (mo/day/	year)7. <del></del> .2	8-05			and this re	ecord is true to the be	st of my k	nowledge a	and belief	. Kansas	
Water Well Contractor'						· · · · · · · · · · · · · · · · · · ·	7-28-	-05			
under the business nar		ader Dril	ling Co., I	nc.		(signature)	Ku	Me			
INSTRUCTIONS: Use typ	ewriter or ball point pe	en. <i>PLEASE PRESS FIF</i>	MLY and PRINT clearly. Plea	ase fill in blanks, un	derline or circle the	correct answers. Send top	three copie	s to Kansas D	epartment o	f Health	
			St., Suite 420, Topeka, Kan	sas 00012-1367. Te	sepnone 785-296-9	oozz. Send one to WATER	WELL OWN	⊏H and retain	one for you	ır	
records. Fee of \$5.00 for	each <u>constructed</u> well.										