LOCA TION OF WATER) MELL		ER WELL RECO	RD For	m WWC-5			NI	1
county: Dicken	Sm	Fraction W.	4 5W 14	54	1/4	tion Numbe /ン	1 '.	Number 6 S	Range Number
istance and direction fro	m nearest towr	or city street	address of well if	located wi	thin city?	Wal	nut		t
WATER WELL OWNE	R: NSH	E-BER,	011-71/2		-, 				
R#, St. Address, Box #	Forh	es field	B11 740				Board o	f Agriculture,	Division of Water Reso
ity, State, ZIP Code	: 70	pela,	X5 66620	-0001				ion Number:	
LOCATE WELL'S LOC AN "X" IN SECTION B	ATION WITH	DEPTH OF	COMPLETED WE	LL3					
			dwater Encounter						
1									ımping
NW -	- NE								ımping
<u>i L</u>	ا ا ا	Bore Hole Dian	neter 8, 625	.in. to	35		and	in	. to
w <u>;</u>	· ' '	WELL WATER	TO BE USED AS	S: 5 P	ublic wate	r supply	8 Air conditioni	ng 11	Injection well
cwl_	_	1 Domestic	3 Feedlo	6 C	il field wat	ter supply	9 Dewatering	,12	Other (Specify below)
	- 1 1	2 Irrigation					Monitoring w		
		Vas a chemical	l/bacteriological sa	ample subn	nitted to De	epartment? \	resNo	; If yes	, mo/day/yr sample was
· <u>\$</u>		nitted					ater Well Disinfe	·	
TYPE OF BLANK CAS			5 Wrought iron		8 Concre				d Clamped
1 Steel	3 RMP (SR		6 Asbestos-Ce	ement	9 Other	(specify belo	ow)		led
(2) PVC	4 ABS	. 25	7 Fiberglass						aded
lank casing diameter		110	ft., Dia ."		ė				in. to
asing height above land		MATERIA	in., weight	JUM Y	G)v				lo
YPE OF SCREEN OR F			E Eiberglass		_			sbestos-ceme	
1 Steel	3 Stainless 4 Galvanize		5 Fiberglass 6 Concrete tile		ס רוועו	IP (SR)	11.0	Amer (specity)	
2 Proce					O AR	2	12 N	lone used (or	on hole)
2 Brass					9 AB	S		lone used (op	•
CREEN OR PERFORAT	TION OPENING	S ARE:	5	Gauzed v	vrapped	S	8 Saw cut		pen hole) 11 None (open hole)
CREEN OR PERFORAT 1 Continuous slot	TION OPENING	S ARE:	5	Gauzed v Wire wrap	vrapped oped	S	8 Saw cut 9 Drilled hole	s	11 None (open hole)
CREEN OR PERFORAT 1 Continuous slot 2 Louvered shutter	TION OPENING 3 Mill 4 Key	S ARE:	5 6 7	Gauzed v Wire wrap Torch cut	vrapped oped		8 Saw cut 9 Drilled hole 10 Other (spec	s cify)	11 None (open hole)
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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 top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.

Water Well Contractor's License No.

under the business name of

..... This Water Well Record was completed on (mo/day/yr)