			WELL RECO	ORD For	n WWC-5			Alumba-	Panas	Number
LOCATION OF V		Fraction	_S 1/2	5 Alui		tion Number	Township		1 -	Number P (E)W
County: M 0	tion from nearest to	wn or city street as								- G
	mile N	arth 4	1/2		west	to t	Coun	cil	Grove	,
				MIC	4 - (2)					
WATER WELL	, ,	oy Blan	Kley	1			Board o	of Agriculture	Division of W	ater Resource
RR#, St. Address,		neil Gro	Right	5 668	46- 9	768		tion Number:		ater riesource.
City, State, ZIP Co	S LOCATION WITH									
AN "X" IN SEC	FION BOX:									
	_N	Depth(s) Ground								
Ŧ		WELL'S STATIC								
NW -	NE						after			
! <u> </u>		Est. Yield								
* W - 1	E	Bore Hole Diame								
≥ x ¦		WELL WATER T				er supply		-	-	
sw -	SE	Domestic	3 Feed				9 Dewatering			
	1 1	2 Irrigation	4 Indus				10 Monitoring v			
<u> </u>		Was a chemical/b	oacteriological	sample subr	nitted to D					•
T = .== .==	\$	mitted	- 111				ater Well Disinfe			
_	IK CASING USED:	 .	5 Wrought in						ed Cla	•
1 Steel	3 RMP (S	SH)	6 Asbestos-			(specify belo	•	_	ded	
2 PVC	4 ABS		7 Fiberglass							
•	eter						•			
	ve land surface		.in., weight							
	N OR PERFORATIO		5 Fib 1		7 PV	_		Asbestos-cen		
1 Steel	3 Stainles		5 Fiberglass			1P (SR)			/)	
2 Brass	4 Galvani		6 Concrete		9 AB	3		None used (d	•	
	FORATION OPENIN	Viill slot		5 Gauzed v 6 Wire wrap	• •		8 Saw cut		11 None (d	pen noie)
1 Continuous							9 Drilled hole			
2 Louvered s		Key punched		7 Torch cut		4 C-	10 Other (spe om	•		
SCHEEN-PERFOR	RATED INTERVALS:						om			
GDA\/EI	PACK INTERVALS						om			
GHAVEL	PACK INTERVALS	From		ft. to		ft., Fr			to	
GROUT MATER	RIAL: 2 1 Neat		2 Cement are		_					
Grout Intervals:	RIAL: 3 1 Neat	ft. to 17	ft. Fro	m	ft.	to.	ft From		ft to	ft
	st source of possible						stock pens		Abandoned wa	
1 Septic tank	•	eral lines	7 Pit	privy			l storage		Oil well/Gas w	_
_ ·	s 5 Ces	s pool		vage lagoon			ilizer storage	16	Other (specify	below)
-	sewer lines 6 See			edyard		13 Inse	ecticide storage			•
Direction from well	?			·		How m	any feet?			
FROM TO		LITHOLOGIC	LOG		FROM	то		PLUGGING	INTERVALS	
0 3	TOP	Soil								
			<u>.</u>		3	17	Bent	onite		
17 42	Sand	+ Grav	vel							
				_		<u></u>				
						ļ				
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							.			
						<u> </u>				
						<u> </u>	<u> </u>			
CONTRACTOR	'S OR LANDOWNE	R'S CERTIFICATION	ON: This wate	er well was (1) constru	cted, (2) red	constructed, or	a) plugged ur	nder my jurisdi	ction and was
completed on (mo/	day/year)			·		and this rec	ord is true to the	best of my k	nowledge and	belief. Kansas
	ctor's License No.								· W · · · · · ·	
under the business							ature) × Jug	(A) (Allan 6.	-30-98
INSTRUCTIONS: LL	se typewriter or hall point	pen. <u>PLEASE PRESS F</u>	IRMLY and PRINT	clearly. Please	fill in blanks,	underline or circ	le the correct answer	s. Send top thre	e copies to Kansas	Department
of Health and Envi	ronment, Bureau of Water	r, Topeka, Kansas 66620	0-0001. Telephone	: 913-296-5545.	Send one to	WATER WELL	OWNER and retain or	ne for your recor	ds.	