		+	WELL RECORD	Form WWC-5		T			
LOCATION OF County: Max	WATER WELL:	Fraction W 1/4	Sw 4 Sc	Sec	Stion Number	Township	Number S	Range R	Number EW
Distance and dire	ction from nearest town	or city street ad	dress of well if locate		/ _	·	-		
3 / E		mpa							
WATER WELL	OWNER: Lena!		nda						
RR#, St. Address	Box#: RR /	·		. 0	_	Board of	Agriculture, I	Division of Wa	ater Resource
City, State, ZIP C	ode : Linca	plnville	2, Kg. 6	6258	2	Application	on Number:		
	'S LOCATION WITH 4	DEPTH OF CO	MPLETED WELL	<i>&_0</i>	ft. ELEVA	TION:			
AN A IN SEC	N De		ater Encountered						7 O a.
ī !	! \w		WATER LEVEL						
- Nw	NF		test data: Well wat						
1 '''	Es	st. Yield -5.7	. gpn Well war	er was	ft. a	fter	hours pu	mping	gpm
<u>*</u> w	l Bo	ore Hole Diamet	er in. to	J. U.		and	in	. to	.
* *	l i w	ELL WATER TO	D BE USED AS:	5 Public water	er supply	8 Air conditioning	ng 11	Injection well	
ī w		1_Domestic	3 Feedlot	6 Oil field wa		•		Other (Specif	•
'''	*	2 Irrigation	4 Industrial	7 Lawn and g	garden only	10 Monitoring w	ell,		
		as a chemical/ba	acteriological sample	submitted to De	epartment? Ye	esNo	X. ; If yes	, mo/day/yr sa	ımple was sul
	Ş mi	tted			Wa	ter Well Disinfed	ted? Yes	Y No	
TYPE OF BLA	NK CASING USED:		5 Wrought iron	8 Concre	ete tile	CASING J	OINTS: Glue	d Cla	mped
1 Steel	3 RMP (SR)		6 Asbestos-Cement	9 Other	(specify below	v)	Weld	ed	
2 PVC	4 ABS	1-0	7 Fiberglass					aded	
Blank casing dian	neter in,	19 O.D.	in., weight	· acipy		ft., Dia		in. to	ft
Casing height abo	ove land surface		in., weight	1316	. <i>O</i> Ibs./	ft. Wall thickness	s or gauge N	0. 12.1.7	
TYPE OF SCREE	EN OR PERFORATION N	MATERIAL:		_7 PV	<u>C</u>	10 A	sbestos-ceme	ent	
1 Steel	3 Stainless st	eel	5 Fiberglass	8 RM	IP (SR)	11 O	ther (specify)		
2 Brass	4 Galvanized	steel	6 Concrete tile	9 AB	S		one used (op	en hole)	
SCREEN OR PE	RFORATION OPENINGS	ARE:	5 Gau	zed wrapped		8 Saw cut		11 None (o	pen hole)
1 Continuo	ıs slot 3 Mill s	slot	6 Wire	wrapped		9 Drilled holes	5		
2 Louvered		punched	6 7 Torc	h cut 🗘 🛭	2	10 Other (spec	• •		
SCREEN-PERFO	RATED INTERVALS:	From	?. <i>Ο</i> ft. to .		ft., Fror	m	ft. t	ю <i></i>	
		From	໒ ft. to .	0.2	•	m			
GRAVE	L PACK INTERVALS:	From 	3 <i>Q</i> ft. to .	<i>o</i>	ft., Fror	m			
		From	ft. to		ft., Fron		ft. t		ft
GROUT MATE	_	-	? Cement grout			Other			
Grout Intervals:			ft., From	ft.					
	est source of possible con					tock pens		bandoned wa	
•	1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage		15 Oil well/Gas well		
2 Sewer lin			8 Sewage la	goon		zer storage	B^{6}	other (specify	below)
•	t sewer lines 6 Seepage	e pit	9 Feedyard			ticide storage	F.Or.~		•
Direction from we		. IT! IO! OO!O!		- FDOM	How mai		DI LICCING I	NITEDWALO	
FROM TO		LITHOLOGIC L	OG /	FROM	то		PLUGGING I	NIEHVALS	
0 2	2 7 0110	we	ay						
44 4	, ',								
22 21	hine								
0/2/1	- 1/0//	D _ 1	01.10						
26 4	YEIIOW.	· Dec	Shale						
410 0	<u> </u>	01.51							
73 17	Blue ?	snale			.				
NA	1/1/2				<u> </u>				
10 71	Wate	<u> </u>							
71 00		<i>D</i> 1	0/-/						
71 80	Gray &	- DIVE	Shale						
CONTRACTO	R'S OR LANDOWNER'S	CERTIFICATION	This water well w	vas (1) constru	cted. (2) reco	enstructed, or (3)	plugged und	der my jurisdi	ction and was
completed on (mo	1. /	900	2		and this reco	rd is true to the I			
•	actor's License No	180	This Water \	Vell Record wa	s completed	on (mo /day/y r)	1-25	-73	$\Omega \rho \cdots \Omega$
under the busines	$\boldsymbol{\mathcal{D}}$	Shus	Prilling	•	by (signat	turb Sau	171.	San	Ehua-
INSTRUCTIONS:	Use typewriter or ball point pen	. PLEASE PRESS FIF	RMLY and PRINT clear	ease fill in blanks,	underline or circle	the correct answers	. Send top three	copies to Kansas	Department
of Health and Er	vironment, Bureau of Water, Top	oeka, Kansas 66620	-0001. Telephone: 913-296	-5545. Send one to	WATER WELL ON	WNER and retain one	for your records	8.	