WW3C

	011 05 14		ATER WELL REC	CORD Form WWC		82a-1212					
		VATER WELL:	Fraction	<i>~</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Se	ection Numb	· · · · · · · · · · · · · · · · · · ·	umber	Range	Number	
County:			NE 1/4		2 1/4	4	T /8	S	R 7	<b>(∌</b> w	
Distance and direction from nearest town or city street address of well if located within city?											
3.5 /	ILES	SOUTH AM	10 2.5 MEL	WEST OF DU	ULAP						
2 WATER	'WELL O	WNER: プの人	I ADAMUS	· · · · · · · · · · · · · · · · · · ·	•						
RR#, St. Address, Box # : 25 6 S. LAK R. KAHOUA Board of Agriculture, Division of Water Resources											
City, State			6/10/10	FAMPLES US		Application I	Number:				
3 LOCATE	WELL'S	LOCATION WITH	4 DEPTH OF	COMPLETED WELL	105	ft. ELE	VATION:				
	IN SECTI			dwater Encountered							
WELL'S STATIC WATER LEVEL 7. P ft, below land surface measured on mo/day/yr . 1/17/0.2											
Pump test data: Well water was ft. after hour									oumping	anm	
	NWNE Est. Yield										
Bore Hole Diameter. 8.75. in. to ./05ft., and									in to	gpm	
∰ w	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection v										
- **								v below)			
									y below)		
	- 3vv	SE	2 inigation	4 madothar 7	Domootio (ia	mi a garaon	, to mormoring tion.				
▼ Was a chemical/bacteriological sample submitted to Department? Yes Ng ; If yes, mo/day/yrs sample									ample was sub-		
		\$	mitted				ater Well Disinfected?				
<del></del>		CASING USED:		5 Wrought iron		rete tile				amped	
1 Steel 3 RMP (SR) 6 Asbestos-Cement						r (specify b	•		ded		
2 PVC 4 ABS 7 Fiberglass											
Blank casing diameter . 5 in. to											
Casing height above land surface. 1.2in., weight											
l					(ZP)			estos-cem			
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless steel 5 Fiberglass											
2 Brass 4 Galvanized steel 6 Concrete tile 9								e used (or			
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8									11 None (d	open hole)	
1 Con	tinuous sl	ot <u>∡M</u>	lill slot		wrapped		9 Drilled holes		(	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)											
SCREEN-PERFORATED INTERVALS: From. 45 ft. to 55 ft., From ft. to ft.											
From. 95 ft. to 65 ft., From ft. to - ft.  GRAVEL PACK INTERVALS: From. 25 ft. to 65 ft., From ft. to ft.											
	GRAVEL	PACK INTERVA	LS: From Z.S	<b>.</b> ft. to	1.05	ft., Fı	rom <del></del>	ft. t	0	ft.	
			From	<del></del> ft. to	••••••	ft., Fı ~	rom <del></del>	ft. t	0	ft.	
6 GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Inte	ervals: F	rom	ft. to <b>2</b> .5	ft., From	f	t. to	ft., From		ft. to		
What is the nearest source of possible contamination:							vestock pens		bandoned wa		
1 Sept	tic tank	4 Later	ral lines	7 Pit privy				storage 15 Oil welt/Gas well			
2 Sewer lines 5 Cess pool							rtilizer storage	<b>@</b> (	ther (specify	/ below)	
3 Wate	ertight sev	ver lines 6 Seep	age pit	_	9 Feedyard 13 Insectic			Hous			
Direction			•	•			many feet? 60				
FROM	ТО		LITHOLOGIC LO	)G	FROM	TO		GGING IN	TERVALS		
0	~	CLAY		<del>,</del>	9/	93	7 - 4 - 1				
	<u>.,</u>	- 1-1 · · · · · · · · · · · · · · · · ·	14 /		192	90	LIMESPONE		DIR		
	14	SHALK TA			13	7.7	341112,611	<i>Y</i>			
	<del>                                     </del>	Curesou	VB WHETH	2	+ 6-3	77	LIMB STONK				
74	35		GRAY		1/_	105	SHALE, GLA	1/			
35	38	LTMRSTIN	1/2			105	JUNH DEA	<i>TH</i>			
38	45	SMALK GR	My							·-·	
45	46	LIMESTUNI	ETHON	<del>~</del>							
46	5/	SHALF GA									
51	57	LIMESTO	WK WHORK								
57	68	SHALR G	6RAY		1						
68	70	LIMPSOO	NB								
70	73	SHALR. GA									
73	74	LIMPSON	1/h_								
74	9/		RAY								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was											
completed			1/17/01				cord is true to the bes				
1		or's Licence No	4 - /	This Water W				2/19/	L.	Denet. 1/4/1545	
						· ·			. <del></del>		
under the business name of ASOCFATRO RANDAWMENTHERY by (signature)											
IN CATOLOGI	TIONIC: Use As	nowritor or ball point nor		M Veed DOMESTOR . Disease	fill in blanks ::==	ladina ar simi- 4	be seemed seemed. Condition		V		

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 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.