		WATER WELL	RECORD	Form WWC-5	KSA 82			
LOCATION OF WATER		action		1	tion Numbe	1		Range Number
County: Mario		VE 1/4 NE	A II if Incata	1/4   2		T21_	S	R 4 EW
From Jcto	f 77 f 50 a	at Florence	e 1/4 m	ile 5 W a	N 50	then 3/4 M	nle So	outh
WATER WELL OWNE		Savage	,					
RR#, St. Address, Box #	: Rt 1 : Florence	a Vo	6851				Agriculture, in Number:	Division of Water Resource
City, State, ZIP Code	ATION WITH A DE	E NS &	70001	80	) # ELEV	Application	n Number.	
AN "X" IN SECTION E	BOX: Death	e) Groundwater E	ncountered 1	٠٠٠٠ م	r. II. ELEV ft	2	ft 3	3
								Mar. 26. 90
1	1							ımping gpm
NW -								ımping gpm
w 1								. to
<u> </u>		WATER TO BE U		5 Public wate				Injection well
SW	- St I							Other (Specify below)
!		•						, mo/day/yr sample was sub
. <del>L ' L</del>	mitted	Chemical bacterio	ogical sample	Submitted to De		ater Well Disinfect		No
TYPE OF BLANK CAS	SING USED:	5 Wro	ught iron	8 Concre				d . 🗡 Clamped
1 Steel	3 RMP (SR)	6 Asb	estos-Cement	9 Other	(specify belo	ow)	Weld	ed
<b>2</b> )•vc	4 ABS		erglass					aded
								in. to
Casing height above land TYPE OF SCREEN OR F			ight	_				0 5 P.R 2 G
1 Steel	3 Stainless steel		rglass	<b>⊘</b> PV	P (SR)		bestos-ceme ner (specify)	#11. ',
2 Brass	4 Galvanized stee		crete tile	9 AB:			ne used (op	
SCREEN OR PERFORA				ed wrapped	_	(8) Saw cut	(-,	11 None (open hole)
1 Continuous slot	3 Mill slot		6 Wire	wrapped		9 Drilled holes		
2 Louvered shutter	4 Key pund	ched	7 Torch					
SCREEN-PERFORATED								oft.
GRAVEL PACK	INTERVALS: Fro	omNoNE	ft. to .		ft., Fr ft., Fr	om	π 1 ft 1	o
<del> </del>	Fro	ım						o ft
GROUT MATERIAL:	1 Neat cement			3 Bento				
			From	, ft.				ft. toft.
What is the nearest sourd  1 Septic tank	4 Lateral lines		7 Pit privy			estock pens I storage		
2 Sewer lines	5 Cess pool		8 Sewage lag	oon		tilizer storage		other (specify below)
	lines 6 Seepage pit		9 Feedyard			ecticide storage	Larg	e Pasture
	Nell in Pa				How m	any feet? I/		
FROM TO		HOLOGIC LOG		FROM	то	F	LUGGING I	NTERVALS
	This We	7-		constr		- /-	,	
	Casing	ripped	and	renove	a -	Cleaned	up	awa
	re-case	<i>4</i>						A 1998 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
							_	
							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		W						
								A (8)
CONTRACTOR'S OR	LANDOWNER'S CE	RTIFICATION: Thi	s water well w	as (1) construi	cted (2) ted	constructed, or (3)	plugged und	der my jurisdiction and was
completed on (mo/day/ye	ar) Mar	2690			and this red	cord is true to the b	est of my kn	owledge and belief. Kansas
Water Well Contractor's L		18	This Water W	Veil Record wa	s completed	d on (mo/day/yr)	MAR	3 <u>1</u> 90
under the business name	of ZINN N	later We	11 Dr/c	3	by (sign	ature) 🛕 🗸 🗸 🗸 🗸 🗘	gl a.	zen
INSTRUCTIONS: Use type	writer or ball point pen. PLE	ASE PRESS FIRMLY a	nd PRINT clearly	ease fill in blanks,	underline or cir	cle the correct Inswers	Send top three	copies to Kansas Department
of Health and Environment	, Bureau of Water, Topeka,	Nansas 66620-7320. Te	лерпопе: 913-296-	JJ+J. Jenu one (0	TATION WELL	C.FILL AND TELANT OFFE	.5. 554. 100010	