			VELL RECORD	Form WWC-					·····
LOCATION OF V		Fraction	SE 14 X		ction Number	Township Nur		Range N	1
ounty: Hall istance and direct	tion from nearest town					T 23	S	R /	Øw
istarios and direc		29 Wedy				1-			
WATER WELL		rank Lit			YEWYU				
R#, St. Address,		Wedgewood				Board of Ag	riculture. D	ovision of Water	r Resources
ity, State, ZIP Co		You Ks				Application			
	S LOCATION WITH 4	DEPTH OF COM	PLETED WELL			ion:			
TYPE OF BLAN 1 Steel PVC lank casing diame asing height abov YPE OF SCREEN 1 Steel 2 Brass CREEN OR PER	N	Est. Yield	st data: Well war gpm: Well war gpm: Well war gpm: Well war in. to BE USED AS: 3 Feedlot 4 Industrial teriological sample Wrought iron Asbestos-Cement Fiberglass ft., Dia weight Fiberglass Concrete tile 5 Gau	ter was	pelow land surfice	ace measured on reference. 3 Air conditioning Dewatering Monitoring well Source Well Disinfected CASING JOIN CASING JOIN The Mail thickness or 10 Asbe 11 Other 2 None 8 Saw cut	hours pur hours pur hours purin. 11 I 12 (; If yes, ? Yes TS: Glued Welde Threai gauge No stos-cemen (specify) used (ope	mping 25 mping to 85 njection well Other (Specify Mo Clamp dd n. to nt	gpm gpm ft. below)
1 Continuous				wrapped		9 Drilled holes		,	,
2 Louvered s		punched	7 Toro	• •		10 Other (specify)			
	ATED INTERVALS:	•							
GRAVEL	PACK INTERVALS:					1			
		From	ft. to		ft., Fron		ft. to		ft.
GROUT MATER	RIAL: 1 Neat ce	ement 2 0	Cement grout	€3 Bent	onite 4 (Other			
	From2f								
	st source of possible c	-	,		10 Livesto			andoned wate	
1 Septic tank	•		7 Pit privy		11 Fuel s	•		l well/Gas well	
2 Sewer lines 5 Cess po			• •			· ·		ther (specify below)	
	sewer lines 6 Seepa		9 Feedyard	goon				` ' '	
irection from well		go p.c	o , coaya.a			y feet?			
FROM TO	· /k	LITHOLOGIC LO	 G	FROM	TO		IGGING IN	NTERVALS	
0 8	Gr Cla								
8 8	5 Shale				1		······································		
	Julie						****		
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CONTRACTOR	'S OR LANDOWNER'	S CERTIFICATION	: This water well	was 🕢 constru	ucted, (2) recor	nstructed, or (3) plu	igged und	er my jurisdicti	on and was
ompleted on (mo/	day/year) . / 0 - 4 -	-9.9				d is true to the bes			
ater Well Contrac	ctor's License No	447							
nder the business			lina		by (signati	\sim	1/10	-	
INSTRUCTIONS: U	se typewriter or ball point pe	en. <u>PLEASE PRESS FIRM</u>	Y and PRINT clearly. F		underline or circle	the correct answers. Ser		copies to Kansas D	epartment
of Hoalth and Envi	ronment, Bureau of Water, T	opeka, Kansas 66620-00	 Telephone: 913-296 	-5545. Send one to	WATER WELL OW	NER and retain one for	vour records.		