		WA	ATER WELL RE	CORD	Form WWC-	5 KSA 82	a-1212 ID I	No							
1 LOCATION OF WATER WELL: F County: Harvey			Fraction	(A)	QU	Gu S	Section Number			Township Number			Range Number		
			1 1/2 1/	<b></b>	1/4 - 5 10	1/4~W		<u> </u>	<u> 13</u>	S		R		(ERV	
Distance ar		from nearest to													
TH (	) T	Newt	01 5		SPER	CL									
Z VVAIER	1 WELLIOW	NER: And #:5つる	120 7	2 r 5 v	7			_						_	
City, State,		# : 5 00	to V	(C)	10114				oard of Ag			on of V	Vater F	Resources	
		CATION WITH	ton, K.	COMPLE	TED WELL	Po	ft. ELEV								
	NELL'S LC NSECTION		Denth(s) Grou	indwater F			$\mathcal{L}$								
7.14 7. 11	N N		WELL'S STAT	IC WATER	R LEVEL	ft. b	elow land surfa	ce measu	red on mo		7-0	2	03		
			<i>ር</i> የሀ	ımp test d	ata: Well wa	ter was	ft.	after		hours	pump	ing		gpm	
	-NW -	- NE					ft.					-		gpm	
	1	1	WELL WATER 1 Domesti			5 Public wate 5 Oil field wa		9 Dewa	onditioning aterina		Injecti Other			ow)	
w	1	<u> </u>  E	2 Irrigation				awn <u>&amp; garden</u> )								
	'	<u> </u>													
	-sw	- SE	Was a chemic	al/bacterio	ological sampl	e submitted t	o Department?	Yes	NoX	.∵l⊬ <del>ve</del> s.	mo/da	av/vrs	sample	was sub-	
	×	1	mitted						Disinfecte			,,	N		
	S	1													
5 TYPE (	OF BLANK	CASING USED:	L	5 Wrot	ught iron	8 Cone	crete tile	C/	ASING JOI	NTS: Gli	ued	<b>4</b> c	lampe	d	
1 Stee		3 RMP (S	R)	6 Asbe	stos-Cement		er (specify below			We	elded				
2 PVC	<u> </u>	سرِ <sup>4 ABS</sup>		7 Fiber	rglass	***********				Th	readed	i	• • • • • • • • • • • • • • • • • • • •		
Blank casir	ng diameter	and surface	in. to	_ححـ	ft., Dia	10,00	in. to		ft., Dia			in.	to	ft.	
				in.,	weight			. lbs./ft. W				o	•••••		
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless Steel 5 Fibe					rglass		RMP (SR)			estos-Ce er (Speci					
2 Brass 4 Galvanized Steel 6 Concrete					•		ABS			e used (					
SCREEN C	OR PERFOR	RATION OPENII	NGS ARE:		5 Gu	azed wrappe	d	8 Sav	v cut		11	None	(open	hole)	
1 Con	tinuous slot	3 /	Mill slot		6 Wir	o wrannod		9 Dril	led notes	_			` .	,	
2 Louv	vered shutte	er 4 K	ey punched		7 Tor	ch cut			er (specify						
SCREEN-F	PERFORAT	ED INTERVALS			ft. to	<b>T</b> O	ft., Fron								
		OK INTEDVALO	From	00	ft. to	Do	ft., Fron ft., Fron	າ		ft.	to			ft.	
	JOANEL PA	CK INTERVALS					It., Fron								
	IT MATERIA		it cement	_	ement grout										
		m <i>Q</i>			t., From	ft									
		ource of possible						stock pens			Aban			well	
1 Septic tank 4 Lateral lines				7 Pit priv			-	rage 15 Oil well/0					,		
2 Sewer lines 5 Cess pool				8 Sewag	-		lizer stora	•	16 Other (specify below)						
3 Watertight sewer lines 6 Seepage pit Direction from well?					9 Faedyard 13 Insecti How many				<u> </u>			•••••	•••••		
FROM	TO		LITHOLOGI	CLOG		FROM	TO	ily leet:		GGING	INITER	N/ALS			
//	20	Clay	Limologi	<u> </u>	***************************************	77101	10		1 10	adina		VALO			
<i>v</i>	0	21009					<del>                                     </del>					-			
20	30	Sand													
30	6D	13/110	Shale	o				*							
. ^	-														
bf	70	Crum	sled S.	hale	· LW	aten		-		·					
	_		_												
70	80	Gray	Sha	10											
		/													
7															
∠ CONTR.	ACTOR'S	OR LANDOWNE	R'S CERTIFICA	ATION: Th	is water well	was (1) cons	tructed, (2) red	onstructe	d, or (3) pl	ugged u	ınder n	ny juris	diction	າ and was	
completed of	on (mo/day/y	year) <i>[</i>	$-\nu$				and this re	ecord is tru	ue to the be	est of my,	knowle	edge ai	nd beli	ef. Kansas	
		s Licence No								100	1	<b>为</b>	<u> </u>		
under the D	usiness nan	ne of Bac	2D1US	1	ri //in	el	ру	(signatu <b>k</b> e	Jai	47	/ <u>.</u> C	30 ac	3Kh	u	

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.