, WAT	ER WELL RECORD	Form WWC-5	KSA 82a-12	12 ID No.				
1 LOCATION OF WATER WELL:	Fraction St.) ₁₄ AU) ₁₄	Section	n Number	Township Numb	Per Rar	nge Number EW	
Distance and direction from nearest town	n or city street address o	well if located wi	thin city?	Cros	UK Ct.	Talled	Ceitn	
WATER WELL OWNER: RR#, St. Address, Box # : City, State, ZIP Code :	ttsran		00 00		Board of Agricu Application Nu	ulture, Division of Moder:	Water Resources	
N NW NE 	Depth(s) Groundwater E WELL'S STATIC WATER Bump test d Est. Yield g WELL WATER TO BE U 1 Domestic 3 F	incountered 1. R LEVEL ata: Well water wom: Well water wom: SED AS: 5 Puredout adustrial 7 Do	ft. below yas yas blic water sup field water si mestic (lawn	Iand surface Iand surface In the afficient of the afficie	measured on mo/da ter	hours pumping 11 Injection we 12 Other (Spec	gpm gpm cify below)	
TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued Welded Welded Threaded Blank casing diameter 7 Fiberglass Threaded 1, Dia 1,								
Casing height above land surface				It	lbs./ft. Wall thickness or guage Ne. C			
2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open noie) SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open noie) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 10 Other (specify)						ft.		
GRAVEL PACK INTERVALS: From								
GROUT MATERIAL: 1 Neat cement Grout 3 Bentonite 4 Other								
What is the nearest source of possible of	(-	, 1 10111		10 Livesto	•	14 Abandoned		
1 Septic tank 4 Latera	l lines	7 Pit privy		11 Fuel sto	orage	15 Oil well/Gas	s well	
ewer lines 5 Cess pool 8 Sewage la								
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well?			13 Insecticide storage How many feet?					
FROM TO	LITHOLOGIC LOG		FROM	TO		GING INTERVALS		
OI TOP	soit							
1 7 00010	_							
7 1/2 1000								
1 14 gene so	yw .							
16 25 days	testind mic							
21 60 61000					RECEIVED			
65 80 SVILLE					OC.	T 0 4 2004		
					BUREAU OF WATER			
CONTRACTOR'S OR LAND WINER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please of in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health								

records. Fee of \$5.00 for each constructed well.