LOCATI	ON OF WAT	ED WELL:	WATE Fraction	R WELL RECORD	Form WWC-	5 KSA 82a ction Number	-1212 Township Nu	mher	Range No	ımber
		DSON	SE 1/4	SE 1/4		34	T 45	S	R /4	
				address of well if loca		<u> </u>				
			-	VATESCA		CAN				
WATE	R WELL OW	NER: J/M	VERN	e N						
	Address, Box	:#:					Board of Ag	riculture, D	ivision of Wate	r Resources
	, ZIP Code	YATE	S CENT	TER HA	W.		Application	Number:		
OCAT		CATION WITH 4	DEPTH OF C	COMPLETED WELL.	120	ft. ELEVA	TION:			
	- NW	I I	WELL'S STATIC	twater Encountered  WATER LEVEL  p test data: Well w	\$7 ft. i ater was	pelow land sur	face measured on	mo/day/yr hours pun	. <b>7. /. ≈</b> 6 . nping	1.5.9 gpm
	!!			gpm: Well w eter				-		
wŀ	<del></del>			TO BE USED AS:	5 Public wat		8 Air conditioning		njection well	
	i		1 Domestic			• • •	9 Dewatering		•	nelow)
ŀ	- SW	SE %-	2 Irrigation	4 Industrial			0 Observation wel			•
	! ]		•	bacteriological sample						
L	<del>'_</del>		mitted	bacteriological sampl	o sabilimoa to E	•	ter Well Disinfected			pio wao oab
	DE BI ANK C	ASING USED:	TIRLEG	5 Wrought iron	8 Conci		CASING JOIN			ed
1 St		3 RMP (SR)	١	6 Asbestos-Cemer		(specify below			d	
	/C	4 ABS	,	7 Fiberglass		` '	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ded	
-			n to	ft., Dia						
	•			.in., weight						
-	•	R PERFORATION	•	.iii., weigitt	7 P\			stos-cemer	•	
1 St		3 Stainless		5 Fiberglass	-	MP (SR)				
2 Br		4 Galvanize		6 Concrete tile	9 AE			used (ope		
		ATION OPENING			_		8 Saw cut		11 None (ope	n holo)
	on rencon				uzed wrapped re wrapped		9 Drilled holes		TT NONe (ope	11 11010)
		_	-		• •					
	uvered shutte	•	y punched		rch cut	4 5	10 Other (specify)			
HEEN-	PERFORATE	D INTERVALS:		<b>5</b> ft. to						
,	SRAVEL PAC	CK INTERVALS:		ft. to						
`		on intrentaco.	From	ft. to		ft., Fror				ft
GROLI	MATERIAL	1 Neat ce		2 Cement grout			Other			
				ft., From						
		urce of possible c					ock pens		andoned water	
	ptic tank	· •		7 Pit privy		11 Fuel s	•		well/Gas well	
<b>4-</b>	wer lines	5 Cess p		8 Sewage I	accon		zer storage		ner (specify be	low)
		er lines 6 Seepa		9 Feedyard			ticide storage		ioi (opooii) oo	.011,
	rom well?	3. m.co o ocopa	go pr	5 6 0 T #		How mar	-			
ROM	TO I		LITHOLOGIC		FROM	1 TO		.ITHOLOGI	C LOG	
0	3	TOPS								
3	15-		SHNA R	inc. K						
12	16		STONE			1				
6	<b>43</b>		AND R							
3	51		SHAL			1				
/	<b>3</b> 3	LINIE								
	98	CREV	HHLE	•		<b>†</b>	<del></del>	*		
8	103	CKEY								
7	120		5 MAKE							
	"a"	C ICF	3 miles	** ***						
						† †				
				<u> </u>						
						1				
	<del>                                     </del>					<del>                                     </del>				
	l								·	<del></del>
			S CERTIFICAT	ION: This water well	was(1)constru	ucted, (2) reco	nstructed, or (3) pl	ugged unde	er my jurisdiction	on and was
npleted	on (mo/day/	year) <b></b>	52/83				rd is true to the bes	. /	/	lief. Kansas
iter We	Contractor's	License No.	312	This Water	Well Record w			/	7. <b>/</b> 5. 7. 5. 6	
er the	business nar	ne of $CVM$	nixe	S WELL	SERV	by (signat	ure) Than (	ym.	with	
NSTRUC	TIONS: Use ty	pewriter or ball point	pen. <i>PLEASE PRE</i>	SS FIRMLY and PRINT	clearly. Please ffil in	blanks, underline	e or circle the correct a	nswers. Send	top three copies	to Kansas
epartme	ent of Health an	d Environment, Bure	au of Water Protec	tion, Topeka, Kansas 66	620-7320, Telepho	ne: 913-862-936	0. Send one to WATE	R WELL OW	NER and retain or	ne for your