		W	ATER WELL RE	CORD	Form WWC-	5 KSA 82a	-1212	D No. 13	3-4			
	ON OF WA	TER WELL:	Fraction 5£ 1/2		½ SW		ection Numb		nship Number	Rang	e Number	
Distance an	d direction	from nearest to	wn or city street	address	of well if locate	d within city?	183	5 N.T.	opeka			
2 WATER RR#, St. Ad City, State,		# : 183	Paso MASS N. Tol DORACIO	DeKr	4	versy		Boa	ard of Agriculture,	Division of Wa	ater Resources	
3 LOCATE AN "X" IN W 5 TYPE O 1 Steel 2 PVC Blank casin Casing heig	WELL'S LC SECTION NW SW SW BLANK CO g diameter ht above la	CATION WITH BOX: - NE - SE - SE - ASING USED: 3 RMP (S 4 ABS	DEPTH OF Depth(s) Grou WELL'S STAT PL Est. Yield WELL WATEF 1 Domestic 2 Irrigation Was a chemic mitted R)	completion of the control of the con	TED WELL Encountered R LEVEL data: Well wa pm: Well wa JSED AS: 5 Feedlot 6 Industrial 7 cological sample ught iron setos-Cement rglass	1ft. be ter was 5 Public water 6 Oil field water 7 Domestic (la e submitted to 8 Concr 9 Other	supply or supply wn & garde Departmen rete tile (specify be	transport of the control of the cont	d on mo/day/yr	pumping pumping Injection well Other (Specifi mo/day/yrs sa	gpn gpn y below)	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel SCREEN OR PERFORATION OPENINGS ARE:				5 Fiberglass			PVC RMP (SR) ABS		10 Asbestos-Cer 11 Other (Specifi 12 None used (o	O Asbestos-Cement Other (Specify)		
Continuous slot 3 Mill slot Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: From					6 Wire w 7 Torch o ft. to				1 holes (specify)ft. to	 o	ft	
G	RAVEL PAG	CK INTERVALS			ft. to 6 ft. to	/	ft, Fr. ft., Fr کرکے	om om	ft. to	o o	ft ft.	
GROUT MATERIAL: Grout Intervals: From				2 Cement grout 7 Pit privy 8 Sewage la 9 Feedyard		y e lagoon	ft. to		orage 15 O er storage 16 O cide storage			
FROM				CLOG		FROM			PLUGGING INTE			
17	18.5	West	tered !	, me	Have							
7												
CONTRA completed or Water Well C under the bu	Contractor's	Licence No	18'S CERTIFICA -26-03 570	ATION: Th	is water well v	was (1) constr	was compl	eted on (mo/da	or (3) plugged un to the best of my k ay/yr)	-12-03		

INSTRUCTIONS: Use typewriter or ball pointen. PLEASE PRESS FIRMLY and PRINT 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 constructed well.