	WATER	WELL RECORD	Form WWC-5			DDI
LOCATION OF WATER WELL:	Fraction	(r		tion Number	Township Number	Range Number
County: SEDGWICK	NE 1/4		SE 14	29	T 26 S	R
Distance and direction from nearest town 3935		Way W		K5		081
WATER WELL OWNER: THE	DI (0	/	•			
RR#, St. Address, Box # : 🖊 🥱 📙	0x 1303				Board of Agriculture	e, Division of Water Resources
ity, State, ZIP Code : Hu	tchin so.	- KS 67			Application Number	
	epth(s) Ground	vater Encountered	1	ft. 2		. <b>3</b>
NW NF	Pump	test data: Well w	ater was	ft. af	ter hours	yr pumping gpm
						pumping gpm .in. to
. W		O BE USED AS:	5 Public wate			.m. toπ.  1 Injection well
. ]	1 Domestic	3 Feedlot			· · · · · · · · · · · · · · · · · · ·	3 Other (Specify below)
SW SE	2 Irrigation	4 Industrial				evatur well
	•	acteriological sampl				es, mo/day/yr sample was sub
	itted				er Well Disinfected? Yes	No
TYPE OF BLANK CASING USED:	12. 1	5 Wrought iron	8 Concre	ete tile	CASING JOINTS: GI	ued Clamped
1 Steel 3 RMP (SR)		6 Asbestos-Cemer	nt 9 Other	(specify below	) We	elded
4 ABS	_	7 Fiberglass				readed
Blank casing diameter 2in	. to • • • •	ft., Dia	, in. to		ft., Dia	in. to ft.
Casing height above land surface 0. 7	<b>:5</b>	in., weight . S.A.	ED 40	Ibs./ft	. Wall thickness or gauge	No
YPE OF SCREEN OR PERFORATION I	MATERIAL:		<b>O</b> PV	С	10 Asbestos-ce	ment
1 Steel 3 Stainless s	teel	5 Fiberglass	8 RM	IP (SR)	11 Other (speci	fy)
2 Brass 4 Galvanized	steel	6 Concrete tile	9 AB	s	12 None used (	open hole)
CREEN OR PERFORATION OPENINGS		5 Ga	uzed wrapped		8 Saw cut	11 None (open hole)
1 Continuous slot 3 Mill	sign 0.10	6 Wir	e wrapped		9 Drilled holes	
2 Louvered shutter 4 Key	punched		rch cut			
SCREEN-PERFORATED INTERVALS:	From					. toft.
	From	ft. to	<u></u>	ft., From	1 ft	. toft.
GRAVEL PACK INTERVALS:	From 2-5	ft. to	<b>3</b> -,5	ft., From	1 ft	. toft.
	From	ft. to		ft., From	n ft	. to ft.
GROUT MATERIAL: 1 Neat cer	nent C	Cement grout	Bento	nite 4 (	Other	
Grout Intervals: From/ft.	to	ft., From	ft.	to /	ft., From	ft. to
What is the nearest source of possible co				10 Livesto		Abandoned water well
1 Septic tank 4 Lateral	lines	7 Pit privy		11 Fuels	torage 15	Oil well/Gas well
2 Sewer lines 5 Cess po	ool	8 Sewage la	agoon	12 Fertiliz	er storage 16	Other (specify below)
3 Watertight sewer lines 6 Seepag	e pit	9 Feedyard		13 Insecti	cide storage	Other (specify below)
Direction from well?				How man	y feet?	
FROM TO	LITHOLOGIC L	_OG	FROM	то	PLUGGING	INTERVALS
0 1 6 FAVE						
1 4 Box 55/ty	clas					
4 9 Bed Silt	Sablu	clay				
9 /3 Silty C/a	111. SAN	/ رے،				
13 18 Fin to	MEDS	and				
18 25 Coaisi 1	to MI	nium San	7			
		0107				
						,
CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION	ON: This water well				
completed on (mo/day/year) /. 6	70-9	<b>ප</b>				knowledge and belief. Kansas
Vater Well Contractor's License No. 5.		//	Well Record wa	s completed o	n (mo/day/yr)	11-20-98
		MENTAL SEL	vil E	by (signatu	re) ////////////////////////////////////	
INSTRUCTIONS: Use typewriter or ball point pen of Health and Environment, Bureau of Water, To	. PLEASE PRESS FI	RMLY and PRINT clearly.	Please fill in blanks, u	underline or circle WATER WELL OW	the correct answers. Sind top thr NER and retain one or your reco	ee copies to Kansas Department ords.