WATER WELL RECORD	Form WWC-5		-1212 ID No.			
1 LOCATION OF WATER WELL: Fraction	= Nu/	Secti	Number	Township Num	" / /	•
County Sedgwick NE 1/4/1/	- 1/4 / VIC	1/4	2	T	S   R / (	E <b>)</b> W
Distance and direction from nearest town or city street addre	iss of well if located	A, Le	North	<i>,</i>		
2 WATER WELL OWNER: Mark Jan Ax	Sdale	To	vank	a star	57144	
RR#, St. Address, Box #	201012	2/-	o seriege		Ilture, Division of Water Re	sources
City, State, ZIP Code : / U 3/9 5 M	SPart Ir	925	4	Application Nun		
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPI						
AN "X" IN SECTION BOX: Depth(s) Groundwater					ft. 3	
A     <del>       </del>				_	//yr	
					hours pumping	
					hours pumping	
1 🖭				ir conditioning		π.
1 1 1 1 1 1		field water s		ewatering	11 Injection well 12 Other (Specify below	١
				•	Other (Opecity Delow)	•
Was a chemical/bacteric	ological sample subm	litted to Depa		No∕ .≻ . ; l≀ /ell Disinfected? Y	f yes, mo/day/yrs sample w es X No	as sub-
	ought iron	8 Concret			S: Glued X. Clamped.	
<del> </del> '	estos-Cement	9 Other (s	pecify below)		Welded	
/2 FVC 4 ABS / 7 Fibe	erglass				Threaded	
Blank casing diameter	ft., Dia	in. ۱. ب. سر .ر.	· · · · · · · · · · · · · · · · · · ·	ft., Dia		ft.
Casing height above land surface in., wei	ght /.	6.a	lbs./ft.	Wall thickness or g	auge No / . Z . /	
TYPE OF SCREEN OR PERFORATION MATERIAL:	•	7 ₽VC			os-cement	
<b>1</b>	ərglass	8 RMP	(SR)		specify)	
	ocrete tile	9 ABS			sed (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 3 Mill slot	5 Gauzed 6 Wire wr	wrapped		8 Saw cut 9 Drilled holes	11 None (open ho	łe)
2 Louvered shutter 4 Key punched	7 Torch c	• •				ft.
60	ft. to . /.e	35			ft. to	
From					ft. to	
GRAVEL PACK INTERVALS: From						
					ft. to	
!	nent grout	3 Bentonit				
Grout Intervals: From	.n., From		10 Livestoc		14 Abandoned water well	
71)Septic tank 4 Lateral lines	7 Pit privy		11 Fuel sto	•	15 Oil well/Gas well	
2 Sewer lines 5 Cess pool	8 Sewage lag	noon	12 Fertilize	•	16 Other (specify below)	١
3 Watertight sewer lines 6 Seepage pit 9 Feedyard		,	13 Insecticide storage			, 
Direction from well?			How many	~~~~	<i>)</i>	
FROM TO LITHOLOGIC LOG		FROM	ТО	PLUGG	ING INTERVALS	
0 3 5012						
3 18 CFAY						
18 125 State + Line	7					
	-					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 1	his water well was	(1) construc	ted, (2) recons	structed, or (3) plug	ged under my jurisdiction ar	nd was
completed on (mo/day/year) 8/. 2//.0/,					my knowledge and belief. I	
Water Well Contractor's Licence No	. This Water Well	Record was	completed on	(mo/day/yr)	/.l.H. Q. []	
under the business name of	-////h	-//	by (signa		Mindhin	To,
INSTRUCTIONS: Use typewriter or ball point pen, PLEASE PRESS FIRMLY and	PRINT clearly Please fill	n blanke underli	ne or circle the corre	of answers Sendion three	a conice to Keneae Department of Hea	ith and

INSTRUCTIONS: Use typewriter or ball point pen. 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, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.