1 LOCAT	ION OF WATE	R WELL:		Fraction	AIER WE	LL RECC	אט די	m vvvvC-5	ction Nun	1ber		ship Num	ber	Ran	ige Numb	er
County:		gwick		NW	1/. N	E 1/2	NE	1/4			T		S	R	•	€W
	nd direction from	m nearest	town o							1	·•					
			•	,												1
2 WATER	WELL OWNE	R: L&	L Sna	acks		OW:	Leeke	n Famil	y Food	s						
	ddress, Box #							oadway	-		Board o	of Agricult	ture Divi	ision of W	ater Reso	urces
	ZIP Code							67201				tion Num				
- LOCAT	E WELL'S LOC	ATON W	TH	10012	<u> </u>	*****	iiitu ito	0.20.			Аррііса	LIOII I TUITI	DCI.			
3 AN "X"	IN SECTION B	OX:	4	DEPTH C	F COMP	LETED V	NELL	4	5 ft. 1	ELEVAT	TION:		1	337.65		
	N		De	soth(s) Gro	undwater	Encount	tered 1			ft. 2			ft.	3		ft.
A [Х	w	FIL'S STA	TIC WAT	FRIFV	FI 1	4.13	t helow is	and surf	ace mea	sured on	mo/day/	vr		
	İ		'''													
	NW	NE						was								
ģ w			Es	t. Yield	!	gpm: v	veli water	was		π. a	πer	·	nours p	umping		
-			□Bo	re Hole Di	ameter	8	in. to	ublic water il field wate	15	ft.	and		:: ir	1. to		ft.
	j	į į	W	1 Dome	ER TO BE	USED A	NS: 5 P	ublic water it field wate	supply		8 Air c	onditionir aterina	ig 1	1 Injectio 2 Other/	n well Specify by	alow)
	sw	SE	1	2 1 .		i eeu iot		ii neid wate	Supply		<u> </u>	atomig		L Outer (opeary b	,,,,
								awn and ga								
٠ .	s		W	as a chemi	ical/bacteı	riological	sample s	ubmitted to	Departm	ent? Ye	s	No_X	_ If yes,	, mo/day/y	yr sample	was
			su	bmitted						Water	Well Dis	infected?	Yes		No X	
5 TYPE C	OF BLANK CAS	ING USE	D:		5	Wrought	Iron	8 Cond	crete tile		CASIN	G JOINT	S: Glue	d X	Clamped	
1 St			MP (SR))		-		9 Othe								
2 P\	VC.	4 AB		,		Fiberglas				-						
_			-			•						· -	11116	aueu		
Blank casir	ng diameter	:	ⁱⁿ	i. to	35	ft., Dia		in	. to	f	ft., Dia			in. to		ft.
Casing hei	ght above land	surface			in., w	eight		.716	lbs	s./ft. Wa	all thickn	ess or ga	uge No.		.154	
TYPE OF	SCREEN OR P	ERFORA	TION M	MATERIAL:					PVC) Asbest				
1 St	eel		ainless	steel	5	Fiberglas	SS	8	RMP (S	R)	11	1 Other (specify)			
2 Br	ass	4 Ga	Ivanize	ed steel	6	Concrete	e tile	9	ABS		12	None u	sed (ope	en hole)		
SCREEN (OR PERFORAT	ION OPE	NINGS	ARE:			5 Gauz	ed wrapped	l		8 Saw c	ut	,	11 None	e (open h	ole)
1 C	ontinuous slot		3 Mill	l slot			6 Wire	мтарреd			9 Drilled	holes				
2 Lo	ouvered shutter		4 Key	y punched		•	7 Torch	cut		10	0 Other	(specify)			
SCREEN-F	PERFORATED	INTERVA	LS:	From	35	ft.	. to	45		ft. Fron	n		ft. t	:0		ft.
				From		ft.	. to			ft. Fron	n		ft. t	0		ft.
GF.	RAVEL PACK II	NTFRVAI	s·	From	15		to	45	· • • • • • • • • • • • • • • • • • • •	ft From	" n		A 1	·		ft.
•	· · · · · · · · · · · · · · · · · · ·	*******	O .	From						A F	"		٠١٠٠٠			"
6 000.0					T	π.	to							.0		ft.
	Γ MATERIAL:															
Grout Inter	vals From	0	ft. t	0	2ft	. From		ft.	to	15	ft. F	rom		ft. to		ft.
What is the	e nearest source	e of possil	ole cont	tamination:	:				10 L	ivestock.	k pens		14 Ab	andoned v	water well	
1 S€	eptic tank			Lateral lin		7	Pit privy		11 F	uel stor	age		15 Oil	well/ Gas	well	
2 Se	ewer lines		5	Cess poo	d	8	Sewage	lagoon	12 F	ertilizer	storage			ner (specif		
3 W	atertight sewer	lines	6	Seepage	pit	9	Feedyar	d	13 li	nsecticio	de storaç	je	Co	ntamin	nated s	ite
Direction fr	rom well?								How m	nany fee	et?					
FROM	ТО	CODE		LITH	HOLOGIC	LOG		FROM	TO			PLUG	GING IN	ITERVAL	S	
0	6		Clay													
6	8		Silty	clay												
8	15			to very												
				l, slightl	y mois	t, sligi	htly									
			Claye													
15	44		Sand	& grav	el, loos	e, we	t, clear									
44	45			weathe	ered sh	ale &	sand									
45			shale)												
			· · · · · · · · · · · · · · · · · · ·													
	-															
	1															
						.,										
	1															
	ACTOR'S OR	LANDOW	NER'S	CERTIFIC	ATION:	This water	er well wa	s (1) constr	ucted, (2)	reconst	ructed, c	or (3) plug	ged und	ler my jur	isdiction a	nd
was																
completed	on (mo/day/yr)			11	1-20-02			and f	this record			•		-		,
Water Well	l Contractor's L	icense No			55	4		This	Water We	ell Recor	rd was co	ompleted	on (mo/	day/yr) _	2-14-	03
under the b	ousiness name RUCTIONS:. Ple as 66620-0001.	of		Woo	fter Pu	mp an	id Well	Inc.		by (s	ignature)	Ou	461	WOOT Z	
INSTE	RUCTIONS: Ple	ase fill in b	lanks an	id circle the	correct ans	swers. Se	end three o	opies to Kar	sas Depar	tment of	Health ar	nd Enviror	ment, Bu	reau of W	ater, Topel	a,
Kansa	as 66620-0001.	elephone:	913-29	<i>1</i> 6-5545. Se	end one to	WATER V	WELL OW	NER and ret	ain one for	your rec	ords.					