		orm WWC-5	KSA 82a-			
LOCATION OF WATER WELL: Fract	ion N 14 NN 14 SE		ion Number	Township Nu	ımber S	Range Number
stance and direction from nearest town or city s			45			zw ,
WATER WELL OWNER: Castal	Derby	ag .	4			
#, St. Address, Box # : 201 cm	151			Board of A		Division of Water Resource
OCATE WELL'S LOCATION WITH 4 DEPTH	OF COMPLETED WELL			ION:		
WELL'S S  WELL'S S  Est. Yield  Bore Hole  WELL W/  1 Do  2 Irrig	mestic 3 Feedlot 6 gation 4 Industrial 7 emical/bacteriological sample su  5 Wrought iron 6 Asbestos-Cement  7 Fiberglass 1	was 49 6 Public water 6 Oil field water 7 Lawn and gabmitted to De 8 Concret 9 Other (	elow land surfice	ace measured on the control of the conditioning of the conditionin	hours pur hours pur hours pur hours pur lin. 11 12 0 12 12 12 12 12 12 12 12 12 12 12 12 12	mping gp mping gp to injection well Other (Specify below) mo/day/yr sample was s No I Clamped ded ded n. to o. nt
1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched						
REEN-PERFORATED INTERVALS: From.	ft. to	49	ft., From		ft. to	
	70 tt. to	49				
GROUT MATERIAL: 1 Neat cement	ft. to	3 Benton	ft., From		ft. to	· · · · · · · · · · · · · · · · · · ·
ut Intervals: From		ft. to				
at is the nearest source of possible contamina			10 Livesto	•		andoned water well
1 Septic tank 4 Lateral lines	7 Pit privy	7 Pit privy 11 Fuel		torage	15 Oi	l well/Gas well
2 Sewer lines 5 Cess pool	8 Sewage lagoo	on	12 Fertiliz	er storage	16 Ot	her (specify below)
3 Watertight sewer lines 6 Seepage pit	9 Feedyard		13 Insecti	cide storage		
ection from well?	NowN		How many	feet? UK	JKOC	アング
ROM TO // LITHOL	OGIC LOG	FROM	TO		ITHOLOGI	
10 Standy (%)	au.					
0 15 Sand +1	May					
5 45 June san	1' 1					
	' /					
						Vil
	TOTAL CONTRACTOR OF THE CONTRA					
CONTRACTOR'S OR LANDOWNER'S CERTIL	FICATION: This water well was					er my jurisdiction and wa wledge and belief. Kansa
er Well Contractor's License No	This Water Wel			m (mo/day/yr)	. 7/1	
TRUCTIONS: Use typewriter or ball point pen, I		PRINT clearly			or circle the	correct answers. Send to
e copies to Kansas Department of Health and Er						
NER and retain one for your records.					33320.	