		WATER WELL RECO						
LOCATION OF V	_ 1	action	1/. >	ection Number	Township N		ľ	Number
County: SEDG	tion from nearest town or cit	VW 1/4 NW 1/4	if located within city.	16	T C	6 S	R .	<b>/_E</b> }w
Distance and direct	6/57					T	2 1	
NATED WELL	OWNER: H&G /						3 7	
Z WATER WELL	DWNEH: /7 & G /	BORANICA			Decord of	A - day day	Niciaian of MA	ster Deserves
	Box # : 6/ST &	-A (1/C				-	JIVISION OF W	ater Resource
City, State, ZIP Co			~ ~ ~			n Number:		
AN "X" IN SECT	S LOCATION WITH 4 DEF							
_	N Deptn(	s) Groundwater Encounte						
Ī K		S STATIC WATER LEVE			ace measured or			
NW -	NE	•	/ell water was			-		
1   1		eld						
<u>*</u> w <del>                                   </del>		lole Diameter.		•				
	1 i I I	WATER TO BE USED A			Air conditioning		injection well	
sw -	-   SE	Domestic 3 Feedle		/	Dewatering	J. 1	Other (Specif	•
!		Irrigation 4 Indust chemical/bacteriological s		-	0 Monitoring we			
<u> </u>	s mitted	chemical/bacteriological s	sample submitted to t		er Well Disinfect		No	imple was suc
TYPE OF BLAN	K CASING USED:	5 Wrought in	n 9 Cone	rete tile	CASING JO			mned
1 Steel	3 RMP (SR)	6 Asbestos-C		(specify below			ed	. /
2 PVC	4 ABS	7 Fiberglass		(specify below)				
(	eter in. to .	( — )						•
	e land surface							
	OR PERFORATION MATE		7 P			estos-ceme		
1 Steel	3 Stainless steel	5 Fiberglass	(	MP (SR)			-	
2 Brass	4 Galvanized stee	-				ne used (ope		
SCREEN OR PERF	ORATION OPENINGS ARI		5 Gauzed wrapped		8 Saw cut	٠.	11 None (o	pen hole)
1 Continuous	slot 3 Mill slot		6 Wire wrapped		9 Drilled holes		(-	,
2 Louvered sl			7 Torch cut ~~~	_	10 Other (specif	v)		
SCREEN-PERFOR		` 1	ft. to					
	Fro	m						
GRAVEL	PACK INTERVALS: Fro	m \ (🚗	ft. to	ft., From		ft. tc	) <i></i>	ft.
	Fro	m	ft. to	ft., From		ft. to	)	ft.
GROUT MATER	IAL: 1 Neat cement	2 Cement grou	ut ( 3 Bent	onite 4 (	Other			
Grout Intervals: F	From ft. to .	ft., From	1 ft.	to	ft., From	. <b>.</b>	. ft. to	
What is the nearest	source of possible contami	ination:		10 Livesto	ock pens	14 Ab	andoned wa	ter well
1 Septic tank	4 Lateral lines	7 Pit p	•	11 Fuel s	torage	15 Oi	well/Gas we	ell
2 Sewer lines			age lagoon	12 Fertiliz	er storage	16 Ot	her (specify	below)
	sewer lines 6 Seepage pit	9 Feed	dyard		cide storage			
Direction from well? FROM TO.		SITE	1 ===:		feet? LVZ		SITE	
FROM TO		OLOGIC LOG	FROM	то	PI	UGGING IN	HERVALS	
0 17	CRUW SI	LTY CLAY		<del> </del>				
14/71	FINE TO	COARSE S	04/0					
17 10	1110 10	WHESE S	AND	1				
				<del> </del>				
								-
CONTRACTOR	S OR LANDOWNER'S, CER	TIFICATION: This water	well word (1)	uotod (2) ress-	etruoted or (0)	dugged trade	or my indicate	tion and was
completed on (mo/d	0/10	1.93nis water	well was (1) constri		structed, or (3) p I is true to the be			
	tor's License No		Vater Well Boord					Jeller, Narisas
inder the business		' Inis V	vater vveir necord W	as completed or by (signatu	$\sim \sim \sim$	il lar	1	
		ASE PRESS FIDMI V and DDINT	plearly Please fill in blanks			Send too three o	onies to Kansas	Department
of Health and Envir	se typewriter or ball point pen. <u>PLEA</u> conment, Bureau of Water, Topeka,	Kansas 66620-0001. Telephone:	913-296-5545. Send one t	WATER WELL OW	NER and retain one f	or your records.		