		WATER	R WELL RECORD F	orm WWC-5					
LOCATION OF WATER	WELL:	Fraction	NW SA	= 1/4 Sec	tion Number	Township Numb	er S	Range Nu	umber EW
county:	n nearest town	n or city street ac	ddress of well if located	within city?	2 2			1.1.1	<i>V</i> .
			40	50/	10 U/	exaudee	W	ich.ta	75
WATER WELL OWNER			nningtox						_
R#, St. Address, Box #	: 14	20 M	MH Cak	-		Board of Agric		vision of Wate	r Resource
ity, State, ZIP Code	:	Wil	HI IN	426	7203	Application Nu			
LOCATE WELL'S LOCA AN "X" IN SECTION BO	ATION WITH A DX:	DEPTH OF C	OMPLETED WELL	TI	ft. ELEVA	.TION:			
N		Depth(s) Ground	water Encountered 1.		π. ; !!!	2	π. 3.	//-/	tt. - <i>9</i> 9
	-		WATER LEVEL /						
NW	NE		test data: Well water						
			O. gpm: Well water						
W			eter	Public wate		and			π
	X	Domestic		Oil field wa				ijection well ther (Specify t	nelow)
sw	- SE	2 Irrigation				9 Dewatering 10 Monitoring well			•
		•	pacteriological sample su			-			
S		mitted				ter Well Disinfected?			
TYPE OF BLANK CAS	NG USED:		5 Wrought iron	8 Concre		CASING JOINTS			ed
1 Steel	FIMP (SR		6 Asbestos-Cement	9 Other	(specify below	v)	Welded		
2 PVC	4 ABS	_	7 Fiberglass				Thread	led	
lank casing diameter									ft.
asing height above land	surface	/2	.in., weight	/5	9 Ibs./	ft. Wall thickness or ga	auge No	SDE	16
YPE OF SCREEN OR P	ERFORATION	MATERIAL:		7 PV		10 Asbesto			
1 Steel	3 Stainless		5 Fiberglass		IP (SŘ)	•			
2 Brass	4 Galvanize		6 Concrete tile	9 AB	S	12 None us	, .		
CREEN OR PERFORATI				d wrapped		8 Saw cut		11 None (ope	n hoie)
1 Continuous slot	S Mil		6 Wire w	• •		9 Drilled holes			
2 Louvered shutter		y punched	3 2 7 Torch	,, ,	# F-a	10 Other (specify) m			
CREEN-PERFORATED I	NIERVALS:	From	ft. to ft. to			m			
GRAVEL PACK	INTERVALS:	From				m			
GRAVEE I AON	INTERIORES.	From	_ft. to		ft., Fro		ft. to		ft
GROUT MATERIAL:	1 Neat ce		2 Cement grout	3 Bento		Other			
rout Intervals: From	.3	ft. to . / S	ft., From	ft.	to	ft., From		. ft. to	
Vhat is the nearest source	of possible of	contamination:			10 Lives	tock pens	14 Aba	andoned water	well
Septic tank	4 Latera	l lines	7 Pit privy		11 Fuel	storage	15 Oil	well/Gas well	
2 Sewer lines	5 Cess	pool	8 Sewage lago	on	12 Fertil	izer storage	16 Oth	er (specify be	low)
3 Watertight sewer li	nes 6 Seepa	ige pit	9 Feedyard		13 Insec	ticide storage	<i></i> .		
Direction from well?	=H3/	<u>, </u>			How ma		0110 11		
FROM TO		LITHOLOGIC	g og	FROM	то	PLUG	GING IN	TERVALS	·
n + 2 + 7	M								-
	op =	300.		+		 -			
	100								
2 1/2	Clas	9 1							
	1-	/ //							
2 22 4	ine S	and -							
2 00 1	1							· · · · · · · · · · · · · · · · · · ·	
- 22	Clas	1	^						
22/23		.,,,,	/)						
(a	he all	O 4	1/						
244	nes	Jano	-						
-/ /									
CONTRACTOR'S OR I	_ANDOWNER	'S ÇERTIFICATION	ON: This water well wa	s (1) constru	cted, 💋 reco	onstructed, or (3) plugg	ged unde	r my jurisdictio	on and was
ompleted on (mo/day/yea		11-15	-89			ord is true to the best of			
/ater Well Contractor's Lie	-	3.18	This Mater We	il Record wa	s completed	on mo/day/y/ 2	-2:	89	
nder the business name	1110	inges &	Julls		by (signa	1 /.	en		
INSTRUCTIONS: Use typewr	iter or ball point pe	en. PLEASE PRESS F	IRMLY and PRINT clearly. Plea	se fill in blanks,	underline or circle	the correct answers. Send to	p three cop	ies to Kansas Dep	artment
of Health and Environment, E	3ureau of Water P	rotection, Topeka, Kar	nsas 66620-7320 Telephone: 9	13-296-5514. Ser	nd one to WATER	WELL OWNER and retain of	one for your	records.	2. (1.10.11)