	,		R WELL RECORD	Form WWC-			
<b>-</b>	F WATER WELL:	Fraction			ction Number	1	Range Number
	lgwick	NE 1/4		NE 1/4	32	T 26 S	R 2 (E)W
		-	ddress of well if locat	-			-
				eet North	, Wichit	a, KS 52895076	MW-6A
<b></b>	LOWNER: Boei	•	-				
	ss, Box # : P. O		-				Division of Water Resource
	Code : Wich:					Application Number:	ingo Flores 142E
AN "X" IN SE	L'S LOCATION WITH					ATION: Approx. Surf	
_	N					2	
1 1 1						rface measured on mo/day/yr	
NW	/ NE					afterhours pu	
!!!	Χı	I				after hours pu	
* w   1		Ł I				andin	
-		1 Domestic	O BE USED AS:			· ·	Injection well
sw	SE	2 Irrigation	3 Feedlot 4 Industrial	7 Laws and	ardon only	9 Dewatering 12 10 Monitoring well	Other (Specify below)
!		1				esNoX; If yes	
<u> </u>		mitted	acteriological sample	Submitted to D		ater Well Disinfected? Yes	No X
5 TYPE OF BLA	ANK CASING USED:		5 Wrought iron	8 Concr			d Clamped
1 Steel	3 RMP (		6 Asbestos-Cement		(specify belo		led
(2)PVC	4 ABS	,,	7 Fiberglass			Thre	
	meter 2	in. to 5				ft., Dia	
						ft. Wall thickness or gauge N	
	EN OR PERFORATI			<b>(7)</b> ₽V		10 Asbestos-ceme	
1 Steel	3 Stainle	ess steel	5 Fiberglass		MP (SR)	11 Other (specify)	
2 Brass	4 Galvar	nized steel	6 Concrete tile	9 AB	S	12 None used (or	pen hole)
SCREEN OR PE	RFORATION OPEN	INGS ARE:	5 Gau	zed wrapped		8 Saw cut	11 None (open hole)
1 Continuo	us slot (3)	Mill slot	6 Wire	wrapped		9 Drilled holes	
2 Louvered	shutter 4	Key punched		h cut		10 Other (specify)	
SCREEN-PERFO	DRATED INTERVALS	S: From5	ft. to .	7.5	ft., Fro	m ft. t	to
						m ft. 1	
GRAVE	EL PACK INTERVALS					m ft. t	
		From	ft. to	<u> </u>	ft., Fro		to ft.
GROUT MATI		t cement	2 Cement grout	3 Bento	onite 4	Other	
			π., From	.ι π.		ft., From	
_	est source of possible		7 54		_		bandoned water well
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool			7 Pit privy 8 Sewage lagoon			storage 15 C	
	nt sewer lines 6 See	•	9 Feedyard	goon		izer storage 16 C cticide storage	Other (specify below)
Direction from w			9 Feedyard			ny feet? 100	
FROM TO		LITHOLOGIC	LOG	FROM	TO TO	PLUGGING I	NTERVALS
		Red-Brown		1		Andrew Marie Control of the Control	
						MATTER STATE OF THE STATE OF TH	
CONTRACTO	R'S OR LANDOWN	ER'S CERTIFICATION	ON: This water well v	vas (1) constru	cted, (2) reco	onstructed, or (3) plugged und	der my jurisdiction and was
 completed on (m	o/day/year)	11/14/8	9 <i></i>		and this reco	ord is true to the best of my kn	owledge and belief. Kansas
	'	416	This Water \	Well Record wa			
under the busine	ss name of	Terraco	n Consultants	, Inc.	by (signa	ture)	Aldrick
INSTRUCTIONS	: Use typewriter or ball poi	nt pen. PLEASE PRESS F	FIRMLY and PRINT clearly.	Please fill in blanks,	underline or circl	e the correct a property op three	copies to Kansas Department
of Health and E	nvironment, Bureau of Water	er, Topeka, Kansas 66620	0-7320. Telephone: 913-296-	5545. Send one to	WATER WELL C	WNER and retain one for your record	S.