		WATE	R WELL RECO	ORD	Form WM	/C-5 KSA	82a-1212		N	MW-4	
1 LOCATION OF W County:	CK	Fraction	54	NW	1/4	Section Numb 25		hip Number 27 S	Ra	ange Nu 1	
Distance and directi	on from nearest town 840 S. Oliver	or city street a	ddress of well i	if located		ty?		0	- I		<u> </u>
WATER WELL C	OWNER:			11 5-							
R#, St. Address, I Dity, State, ZIP Cod	Box Quik Trip (le 1862 Craig	shire Dri	ve, St. L	ouis,	MO (53146		d of Agriculture, cation Number:		of Wate	r Resource
LOCATE WELL'S AN "X" IN SECTI	LOCATION WITH 4	DEPTH OF C	OMPLETED W	'ELL	30	ft. ELE					
		ELL'S STATIC	WATER LEVE	red 1. L. /.7.	ģ,	t. below land	t. 2	ed on mo/day/yi	3. r 11/7	/96	
NW		Pump	o test data: W	ell water	was		. after	hours p	umping		gpm
w X	Bo	ore Hole Diame	eter 8.625	.in. to .	" 3	D	., and		n.to	 .	
		ELL WATER T 1 Domestic	OBE USED A			vater supply water supply	8 Air conditio	•	Injection		elow)
SW -	SE	2 Irrigation	4 Industr	rial 7	' Lawn ar	nd garden only	10 Monitoring	well M	w-4		,
		as a chemical/b tted	bacteriological s	ample su			YesNo Water Well Disin		s, mo/day/		ole was su
	CASING USED:		5 Wrought iro		_	ncrete tile	CASING	G JOINTS: Glue	ed 	Clampe	
1 Steel	3 RMP (SR) 4 ABS		6 Asbestos-C 7 Fiberglass	ement		her (specify be	low)				· · · · · · · · · ·
lank casing diamet	er . <u>.2</u>	-	ft., Dia .		🛶in.	to	–ft., Dia		in. to 🛄		ft.
asing height above YPE OF SCREEN	OR PERFORATION N		in., weight	SCH	40 B					 ··	
1 Steel	3 Stainless st		5 Fiberglass			RMP (SR)		Asbestos-cem Other (specify)			
2 Brass	4 Galvanized		6 Concrete til		-	ABS		None used (or			
				6 Gauzeo 6 Wire w	d wrapped						i hole)
2 Louvered shi		ounched		7 Torch		~		pecify)			
CREEN-PERFORA	TED INTERVALS:	From		t. to			rom	ft.	to		ft.
SAL-D	ACK INTERVALS:						rom		to <u>.</u>		
GHAVEL P	ACK INTERVALS:	From / F rom	1 t	t.to t.to	20	ft., F ft., F	rom	<u></u>			ftft.
GROUT MATERIA	AL: 1 Neat cem	ent (a	2)Cement grout		, OBe		4 Other				
	romft. source of possible con		ft., From	/ .	. [f	t. to <i>1.7.</i>	ft., From	n			
1 Septic tank	4 Lateral li		7 Pit privy						d water	well	
2 Sewer lines			8 Sewage lagoon					Dil well/Gas well Dther (specify below)			
-	ewer lines 6 Seepage	pit	9 Feed				ecticide storage				
FROM TO	1	LITHOLOGIC L	06		FROM		nany feet?	Contan PLUGGING I			
						10		FLOGGING		.5	
GL 1.00	Concrete, f	<u>;]]</u>									
.00 27.50	Silty Clay										
.50 30.00	Shale										
.00 TD	End of Bore	hole									
							Flush Mount				
							waiver				
							D.Taylor				
							8/1/	96			
CONTRACTOR'S	OR LANDOWNER'S						constructed, or ((3) plugged und			
ater Well Contracto	y/year)		This W				cord is true to the d on (mo/day/yr)			and belie	ef. Kansas
nder the business n		82			necold	was completed by (sigr	1 1 10	him	45Da	tren	Din
INSTRUCTIONS: Use	typewriter or ball point pen.	PLEASE PRESS FIF	AMLY and PRINT cle	early. Pleas	e fill in blank	s, underline or cir	cle the correct answe	ers. Send top three	copies to Ka	insas Dep	artment
or Health and Environ	ment, Bureau of Water, Tope	eka, Kansas 66620-	0001. Telephone: 9	13-296-554	5. Send one	to WATER WELL	OWNER and retain o	one for your records	S.		