	SE NE S WATER WELL RECORD	Form WWC-5	KSA 82a-1212 ID	No		
County: COUNTER WELL	Fraction 1/4 S	The 1/4 48000 1/4	Section Number		Range Number	
Distance and direction from nea		ress of well if located w	thin city?			
2 WATER WELL OWNER : RR#, St. Address, Box # : 2 City, State, ZIP Code : 2	on Salaz	nd many		Board of Agricul Application Num	Iture, Division of Water Resources	
AN "X" IN SECTION BOX:	Depth(s) Groundwate WELL'S STATIC WAT Pump tes Est. Yield Bore Hole Diameter. E WELL WATER TO B	4 DEPTH OF COMPLETED WELL				
swse	2 Irrigation 4	Industrial 7 0 omes	tic (lawn & garden) 10	9 Dewatering 0 Monitoring well 3 No If or Well Disinfected? Ye	yes, mo/day/yrs sample was sub-	
Blank casing diameter 4 ABB Casing height above land surface TYPE OF SCREEN OR PERFO	SED: 5 WI P (SR) 6 As S 7 Fit in toin., we DRATION MATERIAL:	bestos-Cement 9 perglass sight	Concrete tile Other (specify below	CASING JOINTS w)ft., Dia /ft. Wall thickness or ga	S: Glued. Clamped. Welded	
2 Brass 4 Ga SCREEN OR PERFORATION	vanized steel 6 Co	Oft. to 3.4	9 ABS apped edft., Fromft., Fromft., From	8 Saw cut 9 Drilled holes 10 Other (specify)	pecity)	
•	oossible contamination: Lateral lines Cess pool	•	ft. to	ft., From tock pens storage izer storage ticide storage	ft. toft. 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below)	
FROM TO	LITHOLOGIC LOG	FR	ОМ ТО		ING INTERVALS	
3 20 0						
		This water well was (1)			ged under my jurisdiction and was	
completed on (mo/day/year) Water Well Contractor's Licence under the business name of NSTRUCTIONS: Use typewriter or ball provincement, Bureau of Water, Topeka, K.	NO. SLA SUM OF DE DITTO DE PLEASE PRESS FIRMLY AND		by (signs, underline or circle the co	on (mo/day/yr)	my knowledge and belief. Kansas Copies to Kansas Department of Health and each constructed well.	