v	VATER WELL REC	ORD Form WWC-5	KSA 82a-1212 ID I	No	
1 LOCATION OF WATER WELL: County: Sed quick	Fraction	NW 1/4 SE 1/4	Section Number	Township Number	Range Number
Distance and direction from nearest tolyn or city street address of well if located within city?  5530 E. Central, Wuntan, his By Aleta's Salon					
2 WATER WELL OWNER: 13T PO A OUSSING					
RR#, St. Address, Box # : 605	west 47	14112.		Application Number:	
3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 13.10					
AN "X" IN SECTION BOX:	WELL'S STATION Pur Est. Yield	c WATER LEVEL	7ft. below land surfa wasft. wasft. was ft. ublic water supply if field water supply	after	gpmping gpm lnjection well Other (Specify below)
SW SE	Was a chemica mitted	l/bacteriological sample s		Yes No; If yes, Vater Well Disinfected? Yes	mo/day/yrs sample was sub-
5 TYPE OF BLANK CASING USED		5 Wrought iron 6 Asbestos-Cement	8 Concrete tile 9 Other (specify below		ued Clamped
2 PVC 4 ABS	,	7 Fiberglass		<sup>′</sup> Th	readed
Blank casing diameter	3 (5) in to	3.5.4 ft., Dia	in. to	ft., Dia	ft.
Casing height above land surface	•	૮₃ in., weight		=	-
TYPE OF SCREEN OR PERFORAT  1 Steel 3 Stainle		5 Fiberglass	7 PVC 8 RMP (SR)	10 Asbestos-Ce	ement ify)
1 0.001	nized Steel	6 Concrete tile	9 ABS	12 None used (	- /
	Mill slot	6 Wire v	• •	8 Saw cut 9 Drilled holes	11 None (open hole)
	Key punched	7 Torch			ft.
SCREEN-PERFORATED INTERVAL	S: From	ft. to	ft., Fron	n ft.	toft.
GRAVEL PACK INTERVAL	S: From3	ft to 2	, π., Fron ft., Fron	n rt. n ft.	toft. toft.
	From	ft. to	ft., Fron	n ft.	toft.
6 GROUT MATERIAL: 1 Neat cement , 2 Cement grout , 3 Bentonite , 4 Other Conclude					
Grout Intervals: From					
What is the nearest source of possib	le 3		10 Lives	stock pens 14	Abandoned water well
1 Septic tank 4 Lat		7 Pit privy		storage Former 15	· ·
	ss pool				Other (specify below)
3 Watertight sewer lines 6 Seepage pit				cticide storage	,
Direction from well? North u	est		How ma	any feet? 1801	
FROM TO	LITHOLOGIC		FROM TO	PLUGGING	INTERVALS
O S.O Med-	DKBLO CU	syful w/ro	ot fragments	*toton	
MAL	D, tum			<del> </del>	
S.D 7.0 Med B	a garay	chay, writer	HOLDO, FUM	. 1 0 - 11.10 - 3	
7.0 13.0 (t.Pal	J	h whann	stringers a	nd noclules	
13.D 13.5 yello	DBG Sha	ob, tight, a	ry		^
				F.M. OKA by	1 Won Taylor
				7	<u> </u>
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed (2) reconstructed, or (3) plugged under my jurisdiction and was					
completed on (mo/day/year)					
Water Well Contractor's Licence No 732 This Water Well Record was completed on (mo/day/yr) 4-15-09 under the business name of 36 Sewells by (signature)					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.					