| V | VATER WELL REC | ORD Form WWC- | 5 KSA 82a- | 1212 ID No. | | | |
|--|--|--|--|--|---|--|--|
| LOCATION OF MATER WELL | Fraction 1/4 | NE &SW | Sei | ction Number | Township Number | Range Number | |
| Distance and direction from nearest to | | address of well if locate | ed within city? | | | | |
| 835 2 WATER WELL OWNER: | n Ru | hall | | | | | |
| _ | 35 77 | nima | | 6720 | Board of Agriculture Application Number | , Division of Water Resources | |
| AN "X" IN SECTION BOX: N N N N N N N N N N N N N | Depth(s) Groun WELL'S STATIO Pur Est. Yield WELL WATER 1 Domestic 2 Irrigation | C WATER LEVEL mp test data: Well wa gpm: Well wa TO BE USED AS: 8 3 Feedlot 4 Industrial | ft. bel ter was 5 Public water 6 Oil field water 7 Domestic (law | ow land surface ft. af ft. af ft. af ft. af supply r supply vn & garden) Department? Ye | 2 | . 3 ft. | |
| TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) | | 5 Wrought iron | | 8 Concrete tile CASING 9 Other (specify below) | | G JOINTS: Glued Clamped | |
| PVC 4 ABS | | 6 Asbestos-Cement7 Fiberglass | | | Th | readed | |
| Blank casing diameter5 | | | | | | | |
| Casing height above land surface | | in., weight | | | - | age No / | |
| TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel | | 5 Fiberglass 8 RI | | /C MP (SR) | | Asbestos-Cement Other (Specify) | |
| , 6.66. | nized Steel | 6 Concrete tile | 9 AE | | 12 None used | | |
| SCREEN OR PERFORATION OPEN 1 Continuous slot | Mill slot | 6 Wii | azed wrapped re wrapped | | 8 Saw cut 9 Drilled holes | 11 None (open hole) | |
| | Key punched | 7 Tor | ch cut | | | ft. | |
| SCREEN-PERFORATED INTERVAL | | ft. to | 35 | | | toft. | |
| GRAVEL PACK INTERVAL | | | | , | | toft. | |
| July | | | | | | toft. | |
| | eat cement | 2 cement grout | 3 Ben | tonito 1 | Othor | | |
| | ft. to | ft. From | ft. | to | ft From | ft. toft. | |
| What is the nearest source of possible | le contamination: | | | 10 Livesto | ck pens 14 | Abandoned water well | |
| 1 Septic tank 4 Lateral lines | | 7 Pit privy | | 11 Fuel sto | orage 15 | 15 Oil well/Gas well | |
| 2 Sewer lines 5 Cess pool | | 8 Sewage lagoon | | 12 Fertilize | er storage 16 | Other (specify below) | |
| 3Watertight sewer lines 6 Seepage pit | | 9 Feedyard | | 13 Insection | cide storage | | |
| Direction from well? | rth | | | How many | | | |
| FROM TO | LITHOLOGIC | LOG | FROM | ТО | PLUGGING | INTERVALS | |
| 00 9 3 | 2 20 | U Q | 17 | | | | |
| 22 35 4 | Fine | for & | a sale | | | | |
| 21 33 | acie | My Me | | | | | |
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| · . | | | | | | | |
| 7 | | TION TIVE | | | | | |
| 7 CONTRACTOR'S OR LANDOWN completed on (mo/day/year) | ER'S CERTIFICAT | <i>D</i> 4 | | | ord is true to the best of my | under my jurisdiction and was knowledge and belief. Kansas | |
| under the business name of | ardon | Penny | 4 Was | | gnature | il Beals | |

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> 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 <u>constructed</u> well.