		WATE	R WELL RECORD	Form WWC-		2a-1212			
LOCATION OF WA	_	Fraction	61.1		ction Numbe		hip Number	Range	Number
County: CRAWF2	DRD	1 5W 1/4	JW 1/4)	tod within situ?	4	Tol	s s	R 25	E/W
Distance and direction				tea within city?					
12 m. wee	74 4 TI	ecadia		<u> </u>					
WATER WELL OV	VNER: DEFTE	n banga, I,	LOUSTRIES,	ine.					
, RR#, St. Address, Bo	x#: lB[B]	M 22 LOL	^			Boa	rd of Agriculture	, Division of Wa	iter Resourc
City, State, ZIP Code	: Snaw!	ue, KS 4	e621'+			Арр	lication Number		
LOCATE WELL'S I	OCATION WITH	DEPTH OF C	OMPLETED WELL.	53.0	ft. ELEV	/ATION:			
AN "X" IN SECTIO		-4	water Encountered						_ ft
		WELL'S STATIC	WATER LEVEL .	2.79 "	holow land s	urface measu	red on mo/day/s	1-28	-95
i			test data: Well wa						-
NW	NE								_
!			gpm: Well wa						
w 	T		eter . 1 7 7 in. t					in. to	
<u> </u>	!!!		O BE USED AS:	5 Public wat		8 Air condi	-	1 Injection well	
sw	SE	1 Domestic	3 Feedlot	6 Oil field wa	ater supply	9 Dewateri	ng c. X	2 Other (Specify	/ below)/
		2 Irrigation	4 Industrial	7 Lawn and	garden only	(19) Monitorir	ng well CA	JIP JU	7777
X 1	<u> </u>	Was a chemical/t	pacteriological sample	e submitted to D	epartment?	Yes	loX; If ye	s, morday/yi sa	mpie was su
	S I	mitted			v	Vater Well Dis	infected? Yes	No	χ /
TYPE OF BLANK	CASING USED:		5 Wrought iron	8 Conci	rete tile	CASIN	IG JOINTS: GIU	ed Clan	nped
1 Steel	3 RMP (SR)	6 Asbestos-Cemen	t 9 Other	(specify bel	low)	We	lded	
2 PVC	4 ABS		7 Fiberglass				Thr	eadedX	
lank casing diameter	r a i	n. to	ft., Dia	in. to	.	ft., Dia		in. to	
			in., weight						
YPE OF SCREEN C		•	,	7 PV			0 Asbestos-cer		
1 Steel	3 Stainless		5 Fiberglass	8 RI			1 Other (specif		
2 Brass	4 Galvanize		6 Concrete tile	9 AE	• •				
CREEN OR PERFO					,,,		2 None used (•	bala)
				zed wrapped		8 Saw cu		11 None (or	oen noie)
1 Continuous sk		·01		e wrapped		9 Drilled			
2 Louvered shut		y punched		ch cut $ = 2 $			specify)		
CREEN-PERFORAT	ED INTERVALS:	From 50							
		From	7.5 ft. to	···/	ft., Fr	rom	ft.	to	
GRAVEL PA	ACK INTERVALS:	From	₹. →. □ ft. to		ft., Fı	rom	ft.	to	
		From	ft. to		ft., Fr	rom	ft.	to	
GROUT MATERIA	L: 1 Neat ce	ement .	2 Cement grout	3 Bento	onite	4 Other			
rout Intervals: Fro	⋒ ⋠ ⋰⋛⋰⋛⋰	t. to Y. 🔾 .	6. ft., From . 4	3. 6 ft.	to 🚣 .	ft., Fr	om	ft. to	
hat is the nearest s	ource of possible c	ontamination:			10 Live	estock pens	14	Abandoned wat	er well
1 Septic tank	4 Lateral	l lines	7 Pit privy		11 Fue	el storage	15	Oil well/Gas we	ell
2 Sewer lines	5 Cess p	pool	8 Sewage la	goon	12 Fer	tilizer storage	16	Other (specify b	oelow)
3 Watertight sev	ver lines 6 Seepa	ge pit	9 Feedyard	_		ecticide storag	ιθ		
rection from well?	· · · · · · · · · · · · · · · · · · ·	J - F				nany feet?	, =		
ROM TO		LITHOLOGIC I	LOG	FROM	TO	larry root:	PLUGGING	INTERVALS	
7 21.5	MINE GOOLL	dk arru	, solle, and	1-1-5	1	O COO MI	Ah men		
	Can	11. 7.1	aunal-angula	1. 61.5	1134	Bus 5	are y hot	W	1. /
	And -	lack y securi	J. H. L.	1101.0	63.14	DINCE	L LIN	A, FE ACT	in a
	peorly son	ra, groon	s to it much	vaer-	 	Nous	beout un	eal core	NS
1 6 61 10	at 10	(11)	- 11 11	11000	10110	7	, , , 0		, _
1.5 44.8	SHALB, 91	cy to place	e, ma hard-n	se 63.74	65.49	SHALE,	Thek, ma	a thirty	amwal
	thinky land	-41 -41	myly beabled	',	ļ	70 +1,551	e, into be	ided wy	reen, gy
	w/spinds	tone on	es oval see	ms	1 30 -	shall,	cale, va	ugs w/h	vyer-byot
4.8 51.2	Unducla	4, grey,	time, mes	me, 65.4	9 71.5.	SHALE,	black, he	od wavy	Bobin
	gream. In	Sty do	ales to some	h		non cal	careous		
	hard tuil	usedoud .	sandu silt g	como H.5	172,7	MUDSTO	NE , brown	n-grev, b	wel.
	soft fine	Thund	Fo staining			frac tu	es filled	w/sekon	dery co
2 61.5	SHALE	black 4	isso - herd	72.0		SHMS.	arcy SD	CI - mad	rara,
w U	The Link	Janes L.	Show hinds	h-/		1,41,	17,00	7	
	min hetala	ce Al	1.1.	.0	1	13.000			
	DIE ONKURA	W. Hilliam	-, 4 TOUR ATTONO	~~	1				
	my que m	rain-clay	y grueus yo	\	L	<u> </u>			
CONTRACTOR'S	OR LANDOWNER'	S CERTIFICAT	DN: This water well	was (1) constru					
mpleted on (mo/day	/year)						the best of my k	nowledge and b	elief. Kans
ater Well Contractor	's License No	₹%.	This Water	Well Record wa	as completed	d on (mo/day/	yr)7.//-	-7.T ,.	
der the business na	ime of 7847				by (sign	nature)	Stan P	Surger	
		en. PLEASE PRESS F.	IRMLY and PRINT clearly.	Please fill in blanks.	underline or cir	rcle the correct an	swers. Send top thre	ee Copies to Kansas	Department
INSTRUCTIONS OSS					. •	OWNER and retain		,	