		WATER WEL	L RECORD	Form WWC-5				
LOCATION OF WATER W		WW 14 SU			tion Number	Township Nun		Range Number R 25 B W
County: Crawford Distance and direction from r				d within city?	20	T 29	S	<u>r Z5 (Bw</u>
3 miles souther				, .				
WATER WELL OWNER:	31	/ / / /						
RR#, St. Address, Box # :						Board of Agi	iculture, Div	vision of Water Resource
City, State, ZIP Code :						Application N		
LOCATE WELL'S LOCATI	/. 							
TYPE OF BLANK CASING 1 Steel 2 PVC Casing height above land surype OF SCREEN OR PER 1 Steel 2 Brass CCREEN OR PERFORATION	Depth(s WELL'S Est. Yie Bore H WELL'S WELL'S WELL'S WELL'S WELL'S WELL'S WELL'S WELL'S VIENT NET STATE NET	s) Groundwater ES STATIC WATE Pump test deld	Encountered 1 R LEVEL lata: Well water pm: Wel	ft. ber was Fr was F	elow land surft, a ft, a ft, a ft, a ft, a ft, er supply ster supply garden only epartment? You water tile (specify below lbs./	face measured on nater fter and 8 Air conditioning 9 Dewatering 10 Monitoring well es	ft. 3 no/day/yr hours pum hours pum in. t 11 In 12 Or MW; If yes, n Yes TS: Glued Thread Thread in gauge No. stos-cement (specify) used (oper	ping gpn ping gpn o ft jection well ther (Specify below) No Clamped to ft
1 Continuous slot	3Mill slot	.01	6 Wire	wrapped		9 Drilled holes		-/
2 Louvered shutter	4 Key punci	hed a l	7 Torch	cut		10 Other (specify)		
GRAVEL PACK INT	Fron TERVALS: Fron	m	ft. to H ft. to		ft., From	n	ft. to.	ft
GROUT MATERIAL:	From 1 Neat cement		ft. to ent grout	(A)Posto	ft., Fro		ft. to	<u>ft.</u>
rout Intervals: From	.•. Z ft. to .	5 2 ft.	., From	5, 2 ft.	to 7.4.	tock pens		ft. to
1 Septic tank	4 Lateral lines		7 Pit privy		11 Fuel	storage	15 Oil	well/Gas well
2 Sewer lines 5 Cess pool 8 Sewage lag								
3 Watertight sewer line	s 6 Seepage pit		9 Feedyard			ticide storage .		
FROM TO	LITH	OLOGIC LOG		FROM	How mai		GGING INT	ERVALS
0 19.9	Minespoil			1				
					<u> </u>			
			· ·					*
CONTRACTOR'S OR LAI ompleted on (mo/day/year) /ater Well Contractor's Licer nder the business name of	nse No. 9.8.5		This Water W	ell Record wa	s completed	on (mo/day/yr)	gged under of my know	my jurisdiction and ware
INSTRUCTIONS: Use typewriter of Health and Environment, Bure	or ball point pen. PLEA	SE PRESS FIRMLY an	d <u>PRINT</u> clearly. Ple elephone: 913-296-5	ase fill in blanks, 1 545. Send one to	underline or circle WATER WELL OV	the contest answers. Send WNEH and retain one for y		oles to Kansas Department