		WATER WELL	RECORD	Form WWC	-5 KSA 82a			
LOCATION OF WA	ATER WELL:	raction	CI	_ 1	ection Number	Township N		Range Number
· · · · · · · · · · · · · · · · · · ·	LEY Ø35	SE 1/4 SE	1/4 SE		17	T 31	S	R 3E E/W
	n from nearest town or o th of Udall, Ka	=		a within city	(
WATER WELL O		Satterwaite						
R#, St. Address, B							•	Pivision of Water Resource
ty, State, ZIP Code		eld, Kansas		65			n Number:	
AN "X" IN SECTION	ON BOX: Dept	n(s) Groundwater End	countered 1.		.35 ft. 2	<u> </u>	ft. 3.	
asing height above YPE OF SCREEN (1 Steel 2 Brass	WELL SE SE E WAS WELL WELL WAS WELL WAS WITHER CASING USED: 3 RMP (SR) 4 ABS WAS MITTER ABS ABS ABS ABS ABS ABS ABS AB	Pump test date Pump t	LEVEL a: Well wate n: Well wate 11in. to SED AS: Feedlot Industrial gical sample s ght iron stos-Cement glass Dia plass rete tile 5 Gauze 6 Wire w 7 Torch ft. to	35t. r was r was 5 Public wa 6 Oil field v 7 Lawn and submitted to 8 Con 9 Othe Cer-M	below land sur ft. a ft. a	face measured of ter	n mo/day/yr hours pur hours pur hours pur hours pur 11 l 12 c ell C; If yes, ed? Yes X DINTS: Glued Welde Threa or gauge No bestos-cemer ner (specify) ne used (ope	nping
GRAVEL PA	Fr	om	ft. to		ft., Fror	n	ft. to	
		om	ft. to		ft., Fror			
GROUT MATERIA	L: 1 Neat cemen	2 Cemen	t grout	3 Ben	tonite 4	Other		
	om4ft. to source of possible contain		From	ft.		ft., From		. ft. to
1 Septic tank	4 Lateral line		Pit privy			storage		well/Gas well
2 Sewer lines	5 Cess pool		Sewage lago			zer storage		ner (specify below)
	wer lines 6 Seepage pi		Feedyard			icide storage		
rection from well?	Southwest		•		How mar	=	95	
ROM TO		HOLOGIC LOG		FROM	ТО		LITHOLOGI	C LOG
0 3	Topsoil							
3 32 0	Clay							
32 50 01	Fine SAnd							
50 65 19	Grey Shale							
			*					
CONTRACTOR'S	OR LANDOWNER'S CE	ERTIFICATION: This	water well wa	as (1) cons <u>t</u>	ucted, (2) reco	nstructed, or (3)	plugged unde	er my jurisdiction and was
mpleted on (mo/day	y/ Jea2)3-84				and this recor	d is true to the be	est of my kno	wledge and belief. Kansas
	r's License No. 236 ame of Harp We							
STRUCTIONS: Use	typewriter or ball point p	en, <i>PLEASE PRESS</i>	FIRMLY and	PRINT clea	ırly. Please fill in	blanks, underlin	or circle the	correct answers. Send top Send one to WATER WELI
	s Department of Health all one for your records.	ia Environment, Divis	OILOI EIIVIIONI	ment, Enviro	innental Geolog	у эесиоп, торека	, NO 0002U. S	Delia Olie IO WATER WELL
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