1 LOCATI	ION OF WA			VELL RECO	ORD For	rm WWC-5		-1212 ection Num	ID No.	Town	ship Numb	ner T	Ba	nge Nur	mber
		pmeu		NW/A	SIN	<u> </u>	1/4	7		T	32		R		Æ W
Distance an	nd direction	om nearest			ddress of we	ell if located	within city?		N	212					
			•	-	_		-	800	N	212	, ~				
WATER	WELL OW	NER: Za	24	Care	Proc	WO.	5								
_ RR#, St. Ad	Idress, Box	# : 800		215+			,			Boai	rd of Agricu	ulture, D	vision of	Water F	Resource
City, State,		IDN	des	endl	ree.	K5-		730		Appl	ication Nu	mber:			
LOCATE	WELL'S LO	CATION WIT	H 4 DE	PTH OF CO	OMPLETED	WELL S		ft. EL	EVATI	ON:					
AN "X" IN	SECTION	BOX:	Dept	h(s) Ground	dwater Enco	untered	13. ft. pe	6	ft. 2	2		ft. ß	يسير	,	• ft.
	N	ı	WEL	L'S STATIC	WATER LE	VEL //L	7ft. þe	low land s	urface	measured	l on mo/da	y/yr	·····J.		
	1		Est.	Yield	gpm:	Well wate	er was er was		it. an ft. aft	er		hours pu	imping		gpr
	-NW	- NE	WEL	L WATER 1	O BE USE	D AS: 5	Public water	supply	8	3 Air cond	litioning	11 Inj	ection we	ell	
	;		1	Domestic	3 Feed		Oil field wate Domestic (la				ring				
W	Y'		- 2	Irrigation	4 Indus	striai /	Domestic (la	iwn & garu	en) n	Monitori	ng weii			4	:
	Λ _I	١									. ص	_			
	-SW	- SE	Was		/bacteriologi	ical sample	submitted to	Departme			sinfected?		o/day/yrs	sample	was sub
	i	<u> </u>	mille	u					vval	er well Di	simected?	162		· XX	2
	S														
5] TYPE C		ASING USE 3 RMP			5 Wrought6 Asbestos		8 Conc	rete tile ' (specify b	olow)	CASI	NG JOINT		l ∋d		
2 PVC		4 ABS	(30)		7 Fiberglas			(specify b	,				ded		
Blank casin	g diameter	2	<u>.</u>	in. to	28	ft Dia		in. to .			. ft., Dia		in	ı. t ø	/af
		nd surface		24	in., weig	ght			lb	s./ft. Wall	thickness	or guag	e No. 🖳	h.G	
TYPE OF S	CREEN OF	R PERFORAT	TION MA								10 Asbest		~	•	
1 Stee			ess Stee		5 Fiberglas			MP (SR)			11 Other (
2 Bras			inized St		6 Concrete	e tile	9 A	BS			12 None u	ised (op	en hole)		
		ATION OPE					zed wrapped			8 Saw c			11 None	e (open	hole)
	tinuous slot		Mill slot			6 Wire 7 Torc	wrapped			9 Drilled 10 Other	noles (specify)				f
	ered shutter		Key pur		38		28								
SCREEN-F	ERFORATE	ED INTERVA		om	و	ft. to	<i>L</i>	ft., F	rom			ft. to			۳f
G	RAVEL PAG	CK INTERVA	LS: Fr	om	·3 8	ft. to	25	ft., F	rom	· · · · · · · · · · · · · · · · · · ·		ft. to			f
			Fr	om		ft. to		ft., F	rom			ft. to			f
6 GBOU	T MATERIA	I · 1 N	leat ceme	ant .	2 Cemei	nt grout	(A)	ntonite		Othor					
Grout Inten	vals: Fron		5 ft	to -	3 # F	rom	ff (200	to	4	ft Fro	 m		ft to		f
		urce of possil	_			10111				ck pens			bandone		
		4 La				7 Pit privy									
	er lines		ess pool			8 Sewage				r storage		6 00	ther (spe	cify belo	(W)
3 Wate	ertight sewe	r lines 6 Se	•	oit		9 Feedyar	_			ide storag	ie	NOR	M	W-l	6
Direction fro	•	SF-				,				feet? Z		•		·	•
FROM	TO		_ Li	THOLOGIC	LOG		FROM	ТО	Ť			SING IN	TERVALS	3	
10	1,5	72	70 CD	7/					\top						
1.3	4	SIF	174	lan-					1						
4	60	547		///	1 1										
60	30	Fort	upo	ddod	Shell	2 +									
				MI	50	,									
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								-							
7															
□ CONTRA	ACTOR'S O	R LANDOW	NER'S C	ERTIFICAT	ION: This w	vater well w	as (1) const	ructed, (2)	recon	structed,	or (3) plug	ged und	er my jur	risdiction	and wa
completed o	n (mo/day/y	ear)	7-	1-05	>			and th	nis reco	ord is true t	to the best	of my kn	owledge	and belie	ef. Kansa
		Licence No		104		. This Wate	r Well Record	d was com			ıy/yr) .	-4-			
	usiness nam		MAX	5						gnature)	BOW	al P	Hun	ye	
INSTRUCT	IONS: Use type	writer or hall pain	toon DIE	SE DDESS EII	DMI V and DDM	Talaarki Dlaas	a fill in blanka	adarlina ar aire	do the co	rrect anewer	Sand ton th	ree conies	to Kanese 🛭	epartment	of Hoalth

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 Bepartment 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.