	WATER WELL REC	ORD Form WWC-			) No					
LOCATION OF WATER WELL:		51/	Se	ction Numb	er	Township Nu			nge Nun حسم ا	_
County: Montgoneu	y 1 N 60 1/4	-1/2½	1/4	75		т 37	s	R	15	<u>E</u> W
Distance and direction from nearest		_		800	N	215+				
WATER WELL OWNER:	th Care	Product								,
RR#, St. Address, Box # : 800 City, State, ZIP Code : The	للعده مد فلام	nea	.,67	301		Board of Aga Application	Number:			
AN "X" IN SECTION BOX:  N  N  N  N  N  N  N  N  N  N  N  N  N	Depth(s) Group WELL'S STATI Pu Est. Yield WELL WATER 1 Domestic 2 Irrigation Was a chemica mitted ED: (SR)	ndwater Encountered C WATER LEVEL	1	supply er supply wn & garde  Departmen  rete tile (specify bein. to	ft. 2 rface n ft. afte ft. afte 8 9 n) 10  t? Yes Wate	neasured on moor The conditioning Dewatering Monitoring well The Well Disinfecte  CASING JOI The Casing Title Disinfecte  CASING JOI The Casing Title Disinfecte  10 Asb 11 Other	in the second of	imping imping ection wither (Spe o/day/yrs o/day/yrs ided ine No. So	sample Clamped	gpi ow)
1 Continuous slot	Mill slot Key punched	6 Wii	re wrapped ch cut		1	9 Drilled holes 0 Other (specify	)			1
GRAVEL PACK INTERVA	From	ft. to		ft., Fr ft., Fr	om om		ft. to			f f
	leat cement	2 Cement grout	<b>3</b> Ber			Other				
		ft., From	π.							
What is the nearest source of possi		7 Dit mais				k pens		bandone		well
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage		15 Oil well/Gas well (6 Other (specify below)				
2 Sewer lines 5 Cess pool		8 Sewage lagoon			12 Fertilizer storage		her Marie			
3 Watertight sewer lines 6 Seepage pit  Direction from well?		9 Feedyard		13 Insecticide storage How many feet? 507			) 14			
FROM TO	LITHOLOGI	CLOG	FROM	TO	liarly i		GGING IN	TERVALS	 3	
B 5 5	1Hz Ch	<u></u>			1					
		7								
5 0 51	/									
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CONTRACTOR'S OR LANDOW completed on (mo/day/year)	NER'S CERTIFICA	TION: This water well	was (1) const	ructed, (2) i	recons s recor	tructed, or (3) p	ugged und	er my ju	risdiction	n and w ef. Kans

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 accret. 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 constructed well.