WAT	ER WELL RECO	ORD Form WW	C-5 KSA 82a-	1212 ID	No			
LOCATION OF WATER WELL:	Fraction	. 14. 1	Sec	tion Numbe		hip Number	Range Number	
County: Montagnery	NE 1/4	NW_4 _	1/4	25		32 s	R 150	W
Distance and direction from nearest town	or city street a	ddress of well if loc	ated within city?	1300	w. Da	KST,		
WATER WELL OWNER: Stand	. 1 m	sto- er	40042	7000				
WATER WELL OWNER:		1010F FI	5000013		5			
City, State, ZIP Code : 50	w. oak	lendo. 1	es .	,730	Applic	ation Number:	ivision of Water Resou	
AN "X" IN SECTION BOX: N N N N N N N N N N N N N	DEPTH OF CO Depth(s) Ground WELL'S STATIO Pur Est. Yield WELL WATER 1 1 Domestic 2 Irrigation Was a chemical mitted MATERIAL: Steel d Steel GS ARE:	OMPLETED WELL dwater Encountered WATER LEVEL np test data: Well must be used as a second	water was	mete tile (specify below in. to	ft. 2	ft. 3 on mo/day/yr	o/day/yrs sample was d	ft. gpm gpm sub-
	l slot y punched		Torch cut					ft.
SCREEN-PERFORATED INTERVALS:	· ·	2 U		# Ero	,			
SCREEN-PERFORATED IN TERVALS:		7ft. to						
GRAVEL PACK INTERVALS:	From	ft. to		ft., Fro	m	ft. to		ft.
	From 5 .	ft. to	·	ft., Fro	m	ft. to		ft.
6 GROUT MATERIAL: 1 Neat	cement	2 Cement grou	t R en	tonite	4 Other			
Grout Intervals: From2		•						
What is the nearest source of possible of	_	,			estock pens		bandoned water well	
1 Septic tank 4 Latera		7 Pit;	orivy		•	15_O	il well/Gas well	
2 Sewer lines 5 Cess p			vage lagoon		tilizer storage	. 🚱	ther (specify below)	
3 Watertight sewer lines 6 Seepa	age pit	9 Fee			ecticide storage	base	A omw-3	
Direction from well?	•		•	How m	any feet?	_		
FROM TO	LITHOLOGIC	LOG	FROM	ТО	-	PLUGGING IN	TERVALS	
0 0.33 Tops	.:/							
0.37 2 Silty	5400	Ju clas	44					
2 4 5 6	Sans	77	7					
11 24 750	The same	a labor	0.					
JANES	LEGA	ed one						
V 52	nois	SY C	>					
								· ·
						,		
								- :
7								
CONTRACTOR'S OR LANDOWNER								
completed on (mo/day/year)							owledge and belief. Ka	nsas
Water Well Contractor's Licence No	JV7	This V	vater Well Record			/yr)	4	••••
under the business name of MA	×5			D	y (signature	wa mu	my m	

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 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 <u>constructed</u> well.