				R WELL RECORD	Form WWC-5	KSA 82	2a-1212			
∐ LOCATI(Countv:		TER WELL:	Fraction 1/4	Sw 45E		tion Number 33	r Township Nu	mber S	Range Number	
				ddress of well if located				<u> </u>	H 20 EW	
1	R WELL OV			#2 (dow						
.	Address, Bo	=			.J		Roard of An	riculture Div	rision of Water Resource	
	, ZIP Code		AUBAU	KANSAS		Board of Agriculture, Division of Water Resources Application Number:				
LOCATE AN "X"	WELL'S L	OCATION WITH	DEPTH OF C	OMPLETED WELL.			ATION:	695		
1 Ste 2 PV Blank casin Casing hei TYPE OF : 1 Ste 2 Bra SCREEN C	gel C D G G G G G G G G G G G G G G G G G G	CASING USED: 3 RMP (SF 4 ABS ABS ABS ABS ABS ABS ABS ABS	Pumplest. Yield	test data: Well water Description of the state of the st	was	er supply ter supply garden only epartment? Wete tile (specify beld to be considered by the considered	after after and	hours pump hours pumpin. to 11 Inj 12 Ot; If yes, m ? Yes ITS: Gluedin. Welded Threadein. gauge No. stos-cement r (specify) used (open	1 None (open hole)	
2 Lou	uvered shut	ter 4 Ke	y punched	7 Torch	cut		10 Other (specify)	•		
		ED INTERVALS:	From 	5 ft. to		<u></u> ft., Fr ft., Fr	om	ft. to.		
GROUT	MATERIA	_: 1 Neat c	From ement C	ft. to 2 dement grout	(I Bento	ft., Fr		ft. to	ft	
Grout Inter What is the		m	ft. to			to2.5			ft. to	
	ptic tank	4 Latera		7 Pit privy			l storage			
	wer lines	_	5 Cess pool		8 Sewage lagoon		* 12 Fertilizer storage		16 Other (specify below)	
		ver lines 6 Seepa	•	13 Insecticide storage			To Other (specify below)			
Direction fr	-		.go p	9 Feedyard			any feet?			
FROM	ŢŌ		LITHOLOGIC	LOG	FROM	TO		IGGING INT	ERVALS	
0	4	Top:	soil							
4_	15	Brou	in Silte	y Clay						
15	25	Brou	un Clau	Sandy Clay	<u></u>					
25 30	_3٥	× Brow	in fine.	Sandy Clay						
30	<u>65</u>	Grav	Sandy	Clay'						
65	74	Y Coar								
74	80	Yello	w medi	um Sand						
80	88	Blac	K Silt							
88	95	Yello	ow Medi	ium Sand						
65 74 80 88 95	100	Blac	K Sitt							
		* Bedrock	د سعه م	st encounter	ed					
CONTR	ACTOR'S	OR LANDOWNER	S CERTIFICATI		***************************************				my jurisdiction and wa	
		/year)	•					or my know	ledge and belief. Kansa	
	Contractor ousiness na	's License No me of	DHE	This Water We	ell Record wa		1	8/11/Y 43EN	.	
INSTRU of Healtl	CTIONS: Use the total contract of the contract	ypewriter or ball point p nent, Bureau of Water P	en. <u>PLEASE PRESS F</u> Protection, Topeka, Kar	FIRMLY and <u>PRINT</u> clearly. Pleansas 66620-7320. Telephone: 9	ase fill in blanks, 13-296-5514. Sei	underline or circ	le the correct answers. Sen	d top three copie	es to Kansas Department records.	