			TER WELL RE	CORD Fo	rm WWC-5	KSA 82a	-1212 ID N				
1 LOCAT	TION OF WA	TER WELL:	Fraction 5/4/1/	NE	11146	Se	ection Number			Range Number	
		from nearest to	wn or city street				· · ·	<u> </u>	<u> </u>	R / (E)	
			•			•	0 4.5 M	ELAS WAST	-		
2 WATER	R WELL OW	NER: CE C	TLTA DR	ENAULT		7		elks was			
RR#, St. Address, Box # : 2960 JAUR RD City, State, ZIP Code : CLYDE, MS. 66936								Application	Number:		
		CATION WITH	4 DEPTH OF	COMPLETED							
AN "X" II	N SECTION N	BOX:								6/16/04	
		1	Pu	ımp test data:	Well water	was	ft.	after	hours p	oumping g _l	pm
-	-NX - -	- NE	Est. Yield WELL <u>WATE</u> R				ft.	after8 Air conditioning		oumpinggp	mc
			Domestic	3 Feed	lot 6 O	il field wate	r supply	9 Dewatering	12 (Other (Specify below)	
w -	i	E	2 Imgation	4 Indus	strial 7 D	omestic (la	wn & garden)	10 Monitoring well	l		••••
_	-sw	- SE	Was a chemic	al/bacteriolog	ioal cample ci	ibmitted to	Department?	Vac Not	· If wee in	no/day/yre cample was si	ıh-
	1	1	mitted	al/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub- Water Well Disinfected? Yes No							
	, S									~	
		ASING USED:		5 Wrought		8 Conci				ed X Clamped	
1 Stee		3 RMP (SI 4 ABS	R)	6 Asbestos 7 Fiberglas			(specify below	/) 		ded eaded	
Blank casi	ng diameter		in. to							in. to	
	-			in., weiç	ght		<u> </u>	lbs./ft. Wall thickne	ess or gua	ge No. 5DR26	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5			5 Fiberglas			/C) MP (SR)		10 Asbestos-Cement 11 Other (Specify)			
			6 Concrete					ne used (o		••••	
SCREEN (OR PERFOR	ATION OPENIN	NGS ARE:		5 Guaze	d wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot 2 Louvered shutter 4 Key punched									9 Drilled holes 10 Other (specify)ft.		
		D INTERVALS:	ey punched	60			# From		•)	
			From	/Su	ft. to . <i>![6.</i> [)	ft., From		ft. to		ft.
(GRAVEL PAG	CK INTERVALS	: From	Z5	مار. ft. to	<u>o</u>	ft., From		ft. tc ft tc) <u></u>	ft. ft
6 GROU	JT MATERIA	L: 1 Neat 、 オ	t cement	2 Cemei	nt grout	3 S er	tonito	4 Other		ft. to	
			contamination:		10111			tock pens		Abandoned water well	11.
Septic tank 4 Lateral line		ral lines	7 Pit privy			11 Fuel:	torage 15		Dil well/Gas well		
2 Sewer lines 5 Cess pool				8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)			
3 Watertight sewer lines 6 Seepage pit Direction from well?				9 Feedyard		13 Insecticide storage How many feet? /2		20			
FROM	TO	NORTH	LITHOLOGIC	C LOG		FROM	TO			ITERVALS	
0	4	50IL									
4	14	SANDSTON	VE OPAN	VLAR TO G	PAY						
14	32	SHALR (RH, KHY	, CAM	, ,				-		
<u>32</u> 36	36 40	SANDSTON	B, GKM	· •							-
40	42	STAND STON	R. GRAY	,							
42	5B	SHALR 1	ANTO GRA	Y							
<u> 58</u>	68	5 ANDStv	VM, GRA	V Hao							
58 69 88	88	SHIME, CO	<u>nay</u>								-
94	160	SIMI B LA	W								-
	760	SHOW LIFE, WIN	77								
- I									-		_
			R'S CERTIFICA	ATION: This w	vater well was	consti	ucted, (2) rec	onstructed, or (3) p	lugged un	der my jurisdiction and w	as
	on (mo/day/y Contractor's	ear)	505		 This Water V			ed on (mo/day/yr)	Stormy k	nowledge and belief. Kans	as
	usiness nam		STATED E	All TA on	_	D- ON		(signature)	In. A	1/2	
											_
INSTRUC	TIONS: Use type	writer or ball point pe	n. PLEASE PRESS I	FIRMLY and PRIN	T clearly. Please f	ill in blanks, ur	derline or circle the	correct answers. Send to	p three copie	s to Kansas Department of Health ER and retain one for your	