			WATE	R WELL RECORD	Form WWC-	5 KSA 82	a-1212	
LOCATION OF			Fraction			ction Number	Township Numbe	
County: LEA				address of well if locat		32	T 8	s R 22 <u>f</u> w
			-	1	•			
WATER WEL	L OWNER:	FrA	NK Bau	MENTE	1	•		***
, RR#, St. Addres	s, Box # :	CARLS	2517	W 67th	. 1/-	. //	Board of Agricul	Iture, Division of Water Resource
						6P 1	Application Num	nber:
LOCATE WEL AN "X" IN SE	L'S LOCATIO	N WITH		COMPLETED WELL			ATION:	
AN A IN SE	N BOX:							. ft. 3 9. – .2. 8 ft.
i	X							day/yr 9. – ≥ . 8
NW	NE							ırs pumping gpm
1 !	1							urs pumping gpm
w		E						in. toft.
			1 Domestic	TO BE USED AS			8 Air conditioning 9 Dewatering	-
sw	SE		2 Irrigation	4 Industrial			10 Monitoring well	
1 1							_	If yes, mo/day/yr sample was sub
<u> </u>	5		mitted				ater Well Disinfected? Y	
TYPE OF BLA	ANK CASING	USED:		5 Wrought iron	8 Concr	ete tile	CASING JOINTS:	Glued X Clamped
1 Steel	3	RMP (S	R)	6 Asbestos-Cement	9 Other	(specify belo	w)	Welded
2 PVC		ABS		7 Fiberglass				Threaded
								in. to ft.
								uge No / 6 . 5
			N MATERIAL		7 PV		10 Asbestos	
1 Steel 3 Stainless steel 5 Fiberglass						8 RMP (SR) 11 Other (specify)		
	2 Brass 4 Galvanized steel 6 Concrete tile CREEN OR PERFORATION OPENINGS ARE: # 3 5 Gauzed v					9 ABS 12 None used (open hole) pped 8 Saw cut 11 None (open hole)		
1 Continuous slot 3 Mill slot 6 Wire wrapp							9 Drilled holes	ri None (open note)
2 Louvered			ey punched	7 Toro	• •			
SCREEN-PERFO	RATED INTE			4.5 ft. to .		ft., Fro	` ' ' '	. ft. toft.
					120	ft., Fro	m	. ft. toft.
GRAVE	L PACK INTE	RVALS:	From	2.4 ft. to.	120	ft., Fro	m	. ft. toft.
			From	ft. to		ft., Fro	m	ft. to ft.
GROUT MATI				2 Cement grout	3 Bento			
		•		ft., From	π.			ft. to
What is the nearest source of possible contamination:				~ /			0 Livestock pens 14 Abandoned water well 1 Fuel storage 15 Oil well/Gas well	
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool				7 Pit privy 8 Sewage lagoon		11 Fuel storage12 Fertilizer storage		16 Other (specify below)
3 Watertight sewer lines 6 Seepage pit			·	9 Feedyard			cticide storage	To Other (specify below)
Direction from we	L .	,	-ag- p	o . oooya.a			iny feet? 150	
FROM TO	D		LITHOLOGIC	LOG	FROM	то		ING INTERVALS
5 4		70/	P 50/4					SEC. 133 143
	2		<u> </u>			ļļ		
45 53			-ANDS	TONE		ļ		
55 12	0	<u> </u>	HALE			 	-	
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						1		
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				· · · · · · · · · · · · · · · · · · ·				
								ed under my jurisdiction and was
ompleted on (m								my knowledge and belief. Kansas
		_	• / _	This Water \	Well Record wa		on (mo/day/yr) 1.9.	-3192
nder the busine		Bre	~~~	Lnc.	···	by (signa		2. Buch
INICTEL ICTIONS	Lies transmiter or	hall noint	non PLEASE PRESS F	FIRMLY and PRINT clearly P	lease fill in blanks	underline or circle	e the correct attswers. Send to	p three copies to Kansas Department

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 allswers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and team one for your records.