			WAT	ER WELL RECORD	Form WWC-5	KSA 82		
_	ON OF WAT	ER WELL:	Fraction			tion Number	1	Range Number
County:	Clay				₩ 1/4	_15	T 8 S	R 4 (E)W
				address of well if loca		a a f	ad of Highways 1	E c 24 Typetion
					South Sic	e or ro	ad, of Highways l	S & 24 Suffection
_	R WELL OWI		n W. Hofma					
-	Address, Box		Valleyvie					ure, Division of Water Resources
City, State	, ZIP Code	: Clay	Center, K	S 6/432	11/.		Application Numb	per:
AN "X"	E WELL'S LO IN SECTION N	CATION WITH I BOX:						ft. 3
Mile A	1	NE	WELL'S STATI Pur Est. Yield Bore Hole Dian	ATIC WATER LEVEL				
	SW	%	2 Irrigation	4 industrial	7 Lawn and g	arden only	10 Monitoring well . A.b.	andoned Handdug
	- 1 1	i 1			submitted to De	epartment?	/eslf	yes, mo/day/yr sample was sub-
į L			mitted				ater Well Disinfected? Ye	
5 TYPE	OF BLANK C	ASING USED:	•	5 Wrought iron	8 Concre			Glued Clamped
 1 St	eel	3 RMP (S	R)	6 Asbestos-Cemen	t 9 Others	(specify belo		Welded
2 P\	/C	4 ABS	,	7 Fiberglass	Ko	CK		Threaded
Blank cas	ing diameter	40	.into	ft., Dia	in. to		ft., Dia	in. to ft.
			194					ge No
•	•	PERFORATIO		.	7 PV		10 Ashastas	nament .
1 St		3 Stainles		5 Fiberglass	8 RM	IP (SR)	11 Other (spe	ecify) VA
2 Brass 4 Galvanized stee				•	6 Concrete tile 9 ABS		11 Other (specify) (12 None used (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:				5 Gauzed wrapped		_	8 Saw cut	11 None (open hole)
	ontinuous slot		fill slot		wrapped	• •		(Speninolo)
	uvered shutte	_	ey punched	7 Tore				NA
		D INTERVALS:			44	ft Fro		ft. toft.
								ft. toft.
(GRAVEL PAC	K INTERVALS:						ft. toft.
			From	ft. to		ft., Fro		ft. to ft.
6 GROU	MATERIAL:	1 Neat	cement	2 Cement grout	3 Bento			
Grout Inte			.ft. to	ft., From	ft.	to	ft., From	ft. to
What is th				·				4 Abandoned water well
What is the nearest source of possible contamination 1 Septic tank 4 Lateral lines				7 Pit privy			storage 1	
2 Sewer lines 5 Cess po				8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)
3 Watertight sewer lines 6 Seepa			•	9 Feedyard		13 Insecticide storage		control (aposity scienty
Direction 1	•		J. P.				any feet?	
FROM	ТО		LITHOLOGIC	LOG	FROM	ТО	PLUGGIN	NG INTERVALS
0	4.5	Topsoi						
4.5	5	Benon	ite					
5	46	Sand			l			
							Comment of the	
CONT	RACTOR'S O	R I ANDOWNE	R'S CERTIFICAT	ION: This water well	was (1) constru	rted (2) rec	onstructed or (2) plugged	under my jurisdiction and was
- Completed	on (mo/day/	(par)	115/94	ICIT. IIIIS WALET WEIL	nus (1) constitu	and this row	ord is true to the boot of m	y knowledge and belief. Kansas
				This Water				- 15 - 94 polici. Narisas
	business nam				TON NECOLU Wa	-	ature) X Orin	11. 72.6
arider trie	DUSINGSS HAIT	ID 01				by (signa	illie) / Com	in sofficer

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