		WA	TER WELL REC	ORD Form WWC-5	KSA 82a-	1212 ID	No	
	ON OF WAT		Fraction			tion Numbe	Δ'	Range Number
	YLLRY		5/2 1/4	5W 1/4 5W	1/4	<u> </u>	T 8 s	R 5 ® ₩
Distance and direction from nearest town or city street address of well if located within city?								
WORTHWAST CORNER OF LEONINGWILL US.								
WATER	WELL OWN			NMEER /				
RR#, St. Address, Box # : PoBox 7 Board of Agriculture, Division of Water Resources								
City, State, ZIP Code : LEONARD VILLE, KS 66449 Application Number:								
LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL								
AN "X" IN SECTION BOX: Depth(s) Groundwater Encountered 1								
N WELL'S STATIC WATER LEVEL								
Pump test data: Well water was								
	NW NE WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well							
	1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering (Specify below)							
W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well								
SWSE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample								s, mo/day/yrs sample was sub-
	v		mitted		Water Well Disinfected? Yes No			
	S							
TYPE C	F BLANK C	ASING USED:		5 Wrought iron	8 Concre		CASING JOINTS: G	lued Clamped
1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded							elded	
2 PVC 4 ABS 7 Fiberglass Three DENSTRY PRIVED Threaded								
Blank casin	g diameter		in. to4			in. to		uage No.5.0/L//
				in., weight				,
		3 Stainles	ON MATERIAL:	5 Fiberglass	7 PV	(P (SR)	10 Asbestos-C	cify)
1 Stee 2 Bras		4 Galvani		6 Concrete tile	9 AB		12 None used	
		ATION OPENI			zed wrapped		8 Saw cut	11 None (open hole)
	inuous slot		Mill slot		wrapped		9 Drilled holes	17 None (open noie)
	ered shutter		Key punched	7 Torch				ft.
				ft to	_	ft Fro	om ft	to — ft
SCREEN-PERFORATED INTERVALS: From								
GRAVEL PACK INTERVALS: From								
			From	ft. to		ft., Fro	om ft	. tott.
6 GROU	T MATERIA	I: 1 Nea	at cement	2 Cement grout	35	tonite	4 Other	
		5	ft to 2	92 ft From	ft.	0		ft. toft.
			contamination:	•				4 Abandoned water well
		4 Late				11 Fuel storage 15 Oil well/Gas well		5 Oil well/Gas well
	er lines	5 Ces	_					Other specify below)
3 Wat	ertight sewe	r lines 6 See	•	9 Feedyard		13 Insecticide storage BUTLDENG		
3							nany feet? /5	
FROM	TO		LITHOLOGIC	CLOG	FROM	TO	PLUGGING	INTERVALS
0	13	CLAY			230	265	LIMPSOND, FRE	STUPEN HOD
13	76		VBLION DO	RAD TO GRAY	265	280	SHALE GRAY	3,112
	77	LIMES		14 /4 6/41/	280	292	LAMPSIONE	
75	121			CRAY TOPAD			,,	
121	123	LIMES	,	V GILAT TOTAL				
123	130	SHALL,						,
136	139			HOURRD HZO			10 HOLES 30	DO FROM BOTTIM
139	140	SHALA	DEN	W44 1100			DE HOLFE TO	OF Flom Bogim
140	151	LIMP						THE WATER
151	133		Vaccow					
153	161		POWE					
161	184	SUALE	6RAY 70	RED				
184	195	LIMES		,				
195	230		•	CRAY				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This well was a constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was								
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This mater well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
Water Well Contractor's Licence No								
	usiness nan		SUGATA				by (signature)	111
					se fill in blanke un			opies to Kansas Department of Health
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send we 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 Fe	ee of \$5.00 for e	each constructed we	dI.					