			ATER WELL RE	CORD	Form WWC	-5 KSA 82	a-1212	ID No					
1 LOCAT County:	ION OF WA	ATER WELL:	Fraction	4 NE	= 14 SW		ection Nu	mber	Towr T	ship Numbe	_	Range Nun	
Distance ar	7 10	from nearest to	wn or city street	address			From	plus					
2 WATER	R WELL OW	NER: HIN	N Dun	CON	······································								
RR#, St. Ad City, State,	ddress, Box ZIP Code	:# : KK : Wcs2	marland	K	'(Appl	ication Num	ber:	sion of Water R	
3 LOCATE	WELL'S LO	OCATION WITH	4 DEPTH OF	COMPLE								***************************************	
AN "X" IN	N SECTION N	BOX:	Depth(s) Grou	undwater	Encountered	1	<i>0</i>	ft. 2			ft. 3		ft.
	1		P	um <u>p</u> test	data: Well w	ater was	elow land	ft. afte	r	i on mo/day. h	yr ours pun	ping	gpm
	-NW	NE	Est. Yield			ater was 5 Public wate			r Air cond		-	ping ction well	gpm
			1 Domest	jc 3	Feedlot	6 Oil field wat	er supply	9	Dewater	ing	12 Oth	er (Specify belo	,
w	1 1	 E	2 Trrigation	n 4	Industrial	7 Domestic (I	awn & gar	den) 10	Monitori	ng well			
	-sw	SE	Mac a chemic	cal/bacter	riological camp	ale cubmitted to	Departm	ant? Vac	No	· • • • • • • • • • • • • • • • • • • •	vee mo/	day/yrs sample	wae eub.
	1	1	mitted	Jai/Dacte	lological samp	ne submitted t	<i>Бе</i> ранн			sinfected		No No	
5 TYPE C	OF BLANK	CASING USED:			ought iron		rete tile		CASII	NG JOINTS	Glued	Clamped	t
1 Stee		3 RMP (S 4 ABS	R)		estos-Cement erglass	9 Othe	r (specify	below)				ed	
		- T	in. to				rin. to			 .ft., Dia		in. to	
		and surface	2'	in.	weight 🔏 🖟							No	
		R PERFORATIO		C E:L						10 Asbesto			
1 Stee 2 Bras		3 Stainles 4 Galvania			erglass ncrete tile	9 4	MP (SR) BS			11 Otner (S 12 None us		 ı hole)	•••••
		RATION OPENII	NGS ARE:		5 Gı	uazed wrappe	i		3 Saw ci	ut	1	1 None (open l	nole)
1 Continuous slot 3 Mill slot					6 Wire wrapped 7 Torch cut				Drilled				,
	vered shutte		key punched			_				,,			
SCREEN-I	PERFORAT	ED INTERVALS											
(GRAVEL PA	CK INTERVALS	6: From	.2	. ft. to .	60	ft.,	From			ft. to		ft.
			From	•••••••	π. το .		π.,	From	•••••		π. το		π.
6 GROU	JT MATERIA		t cement	2 C	ement grout	3 Be	ntonite	4 C	ther			t. to	
Grout Inter			ft. to 🚄	<u>ي</u>	ft., From	ft				m			
	e nearest sc otic tank	ource of possible	ral lines		7 Pit pri	M/V		Livestock Fuel stor	•			indoned water v well/Gas well	vell
•	ver lines	5 Ces			•	ge lagoon		Fertilizer	•			er (specify belo	w)
3 Wat	tertight sewe		page pit		9 Feedy			Insecticio	-	е ,			,
Direction fr	om well?	South	EIST					w many fo	eet?	101			
FROM	ТО		LITHOLOG	IC LOG		FROM	то			PLUGGI	NG INTE	RVALS	
-	-	100 301					-						
8	15	Deary	Shele	-									
15	16	Limist	NO!										
16	30	Gry O	Ly Shal	<u>'</u> (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ 								
30	36	LingTo	5 KC		WATEC)								
36	38	Graves	54 2416										
58	60	VIJIUSJ			- ·								
			,										
							<u> </u>		-				
				······································			+						
												 	
7 CONTR	ACTOR'S C	OR LANDOWNE	R'S CERTIFIC	ATION: T	his mater well	was (1) cons	tructed. (2	2) reconst	ructed.	or (3) pluade	ed under	my jurisdiction	and was
completed of			1/22/	1,20	03		and	this recor	d is true t	o the best of		ledge and belie	f. Kansas
		s Licence No	4.5		This Wa	ter Well Recor	d was cor	_	•	y/yr) 5 .		24/2	1945
under the bi			a dema	~ M	NICE UI	My of	- Itms	by (sig		lowy	·	/ Cuff	PL
INSTRUCT	IONS: Use type	ewriter or ball point pe	en. PLEASE PRESS	FIRMLY and	d <i>PRINT</i> clearly. Ple	ease fill n blanks, u	nderliné or c	ircle the corr	ect answers	s. Send top three	copies to	Kansas Department	of Health

records. Fee of \$5.00 for each constructed well.