	······		Form WWC-5		2a-1212		
LOCATION OF WAT		ction	_   _	tion Numbe		. I	ange Number
		50 14 SE 14 SE street address of well if located		4	T / Ø	SIR	3/ EW
			c only .				
WATER WELL OW	NER: BILL BIXE,	MMAN					
RR#, St. Address, Box	x#: PT / BOK				Board of Agric	culture, Division	of Water Resources
city, State, ZIP Code	GRINNELL	- KS 67798	Application Number:				
LOCATE WELL'S LO	OCATION WITH 4 DEPT	TH OF COMPLETED WELL Groundwater Encountered 1.	135	. ft. ELEV	ATION:		
XW	WELL'SNE I Est. Yiel Bore Ho	STATIC WATER LEVEL Pump test data: Well wated	r was	elow land s ft ft ft.	urface measured on mo after h after h , and	o/day/yr	gpm gpm
	71 D		5 Public water		8 Air conditioning 9 Dewatering	11 Injection	
SW	SE! '			· · · ·	10 Observation well		• •
		hemical/bacteriological sample s		•			/yr sample was sub-
S	mitted	•		· W	/ater Well Disinfected?	Yes	No
TYPE OF BLANK C	ASING USED:	5 Wrought iron	8 Concre	ete tile	CASING JOINT	S: Glued	. Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other	(specify bel	ow)	Welded	
→2 PVC	4 ABS	7 Fiberglass				Threaded	
lank casing diameter	in. to	ft., Dia	in. to		ft., Dia	in. to	ft.
asing height above la	ind surface <u>.</u> 3.6.	in., weight		lbs	s./ft. Wall thickness or g	auge No	
	R PERFORATION MATER		7 PV		10 Asbest	-	
1 Steel	1 Steel 3 Stainless steel		5 Fiberglass 8 RMP (SR)				
2 Brass	4 Galvanized steel	6 Concrete tile	9 AB	` '	`	sed (open hole)	
CREEN OR PERFOR	RATION OPENINGS ARE:		ed wrapped	_		11 Nor	
1 Continuous sio	t 3 Mill slot		wrapped		9 Drilled holes	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(opo,
2 Louvered shutt			• •		10 Other (specify) .		
CREEN-PERFORATE		ft. to					
	From	ft. to		ft., Fr	om	ft. to	
GRAVEL PAG						ft. to	
	From						ft.
GROUT MATERIAL	L.	•			4 Other		
	n. <i>O. Lo. fo</i> ft. to ource of possible contamin	ft., From	ft.			ft. to	
1 Septic tank	4 Lateral lines	7 Pit privy				✓15 Oil well/G	
2 Sewer lines	5 Cess pool	8 Sewage lago	200		tilizer storage	16 Other (spe	
	er lines 6 Seepage pit	9 Feedyard	<b>5011</b>		ecticide storage	10 Other (spe	city Delow)
Direction from well?	or intes o occipage pit	5 i eedyard			•		• • • • • • • • • • • • • • • • • • • •
FROM TO	LITHC	DLOGIC LOG	FROM	TO	any feet?	HOLOGIC LOG	
10 0	CEMENT GR						
	CEMENT PAT						
	PVC CAP						
						N	
<del></del>			<u> </u>				
			<u> </u>				
	***						
		<u> </u>					
			+				
				L			
CONTRACTOR'S	OR LANDOWNER'S CERT	TFICATION: This water well wa	as (1) constru	cted, 💋 rec	constructed, or (3) plug	ged under my ju	risdiction and was
ompleted on (mo/day/					ord is true to the best o		
Vater Well Contractor's	License No	This Water We	ell Record wa	s completed	on (mo/day/yr)	. <b>. ,</b>	
nder the business nar	me of			by (sign	ature) Bull Bu	lenna	
INSTRUCTIONS: Use ty	pewriter or ball point pen. PLE	ASE PRESS FIRMLY and PRINT clea	rty. Please fill in	blanks, underl	ine or circle the correct ans	vers. Send top thre	e copies to Kansas
	d Environment, Office of Oil Fie ER and retain one for your rec	ld and Environmental Geology, Regula cords.	ation and Permit	ing Section, T	opeka, Kansas 66620-7500	, Telephone: 913-8	52-9360. Send one