SVI	E	16	10/0	TER WELL	BECORD	Form WWC-	E K6V 84	2a-1212  [	D No. (	JD 3	178	760		
1 LOCATION	ON OF W	ATER V	VELL:	Fraction		1 414		tion Number	er Tov	vnship N	umber	R	ange Numb	per
County.	o ve		NW-	t NW	1/4 NV	$N \frac{1}{4} NV$	V 1/4 3	32	T	11	S	R	26	E
_	_	_		own or city s	treet addre	ss of well if loca			~ ·	***	_ 1	10		
	<del>er</del> Se			ot 1	5-/6	2 and	<u> </u>	-12,	Qui	nte	C,t	<2	·	
2 WATER			Jin	1 6M	<i>tham</i>				_					
RR#, St. Ad			Po Y	30X, 3	98_		-0			ard of Ag olication		Division	of Water F	Resources
City, State,			<b>Shi</b>	17er	KS	6/1	80	4 515						
_	WELL'S LI N SECTIO		1			Encountered								
AN A 11	Ņ.	IN BOX				R LEVEL								
A X	! 1	!				data: Well wate								
	- NW	NE		Est. Yield		.gpm: Well wate								
	!	1	11	Bore Hole I	Diameter	. <b></b> in. t	, <b></b>		t., and			. in. to .		ft.
₽ W		<u> </u>	E			USED AS: 5	Public water	supply	8 Air cond	ditioning	11	Injection	well	
-	1 1			1 Dome	estic 3	Feedlot 6	Oil field wate Domestic (law	r supply	9 Dewate	ring	/ :1 <sup>2</sup>	Other (S	pecify belo	ow)
	-sw	SE		2 Irrigat	ion 4 l	ndustrial 7	Domestic (law	n & garden)	Monitori	ing well 🎝	>?! <b>!</b>	y.Eng	119710	<b>7.1</b>
				Was a chen	nical/bacterio	ological sample su	bmitted to De	partment? Y	′es	No)	.; If yes,	mo/day/	yrs sample	a was sub-
<u> </u>	s S			mitted					ater Well Dis	sinfected'	Yes		No	<u> </u>
5 TYPE O	F BLANK					ought iron	8 Concr			SING JO			Clampe	
1 Steel			RMP (S	R)		estos-Cement		(specify be					• • • • • • • •	
(2)VC			ABS		Fibe	erglass							· · · · · · · · ·	
						ft., Dia								
_	•					ght	$\sim$		os./ft. Wall th			-	: ( \ //C	<i>.</i>
				TION MATE		erglass	(7)°V 8 RM				estos-ce			
1 Steel 2 Bras			Stainles Galvani:	s steet zed steel		ergiass acrete tile	9 AB				er (specii) ie used (d			
	-			NINGS ARE			zed wrapped		8 Saw			•	one (open	hole)
	tinuous slo		(3)M	lill slot			wrapped			ed holes			(.,	,
2 Louv	vered shut	ter	<b>4</b> K	ey punched	$C \circ$	7 Torc								
SCREEN-	-PERFOR	ATED II	NTERVA	LS: From		ft. to								
	GRAVEL	DACK II	NTERVA	From	··C+2	ft. to	60	π., Fro	om		π. ft	. το . to		π.
	CHAVLE	I AOIC II	TI EITT			ft. to								
6 GROUT	MATERIA	AI:	1 Neat o	cement .	2 Cer	ment arout	3 Bento	nite	4 Other					
			_			.ft., From	_							
1				ble contamir					estock pen				ned water v	
1 Sept	tic tank		4 Late	ral lines		7 Pit privy		<b>1</b> Fu	el storage		15	Oil well/	Gas well	
2 Sew	er lines		5 Ces	s pool		8 Sewage	lagoon	•	rtilizer stora	ıge	16	Other (s	specify belo	ow)
3 Wate	ertight sev	ver lines	6 Seep	oage pit		9 Feedya	rd	13 Ins	secticide sto	rage				
Direction	from well?	•						How n	many feet?					
FROM	то			LITHOLOGI	C LOG		FROM.	то			JGGING			
O,	10	_\V€	ery c	barse	Siltil	ight	25	30 \	Fine 1		the sq	nd,v	ery ligh	
		⊥ ye	HOW	ish bro	wn./	woist,	1		White	sh ye	llow. \	With	Small 1	
10	15	1,5	ilty	Clay	Medi	um reddis	<u> </u>		and bi	7-7-4-4		iins a	nd calic	he
		brg	wn,	with	calich	e nodules	30	35	nodule		0134	71	-l. /	
1,	20	1	lastic	- 100	15+	ate what		22	Silty	Clay,	dark	redd		
15	20	1	2a - 51	e squ	ay C	it with	35	45	Fine	to v	Line	Can	1 / 5	0154
		+Ca	II C VE	roau	les ca	buria arm)	+	1.5	moist	Mis	h cal	iche	Strea	4
		1 a	la c	Carbon	deposit	rs. I art.	45	50.	Same		-, -,		571EA	
20	25	1	INP	sil+v	Sana	. with	50	55	Same		ove w		lay stre	4
20			ome	Coarse		nd grains				ement			4 211 0	-412
		Li			17	With some	. 55	70			above	101	(91/	lens
		SM	UNI	pebbles		liche nodule		80	Fine		redivi		and B	
		n	noist	•					we	<b>纤</b>				
7 CONTR	ACTOR'S	OR LA	NDÓMŇĪ	ER'S CERTIF	ICATION:	This water well v	vas (1) const	ructed, (2) i	reconstructe	d, or (3)	plugged u	ınder my	jurisdiction	n and was
completed	on (mo/da	ay/year)	6.2	.4.03					cord is true		st of my,	knowledg	ge and beli	ef. Kansas
Water Wel	I Contracto	or's Lice	ence No.	<i>\Z</i> Z.	4	This Water W	ell Record w	as complete	ed on (mo/d	ay/yr)	7:44.	U.S		
under the l	business n	ame of	T. DOD	HIL D	mode	1011		by	(signature)	11.7	MAG	•		
INSTRUC	TIONS: Use ty	pewriter or	ball point pe	n. PLEASE PRE	SS FIRMLY and	d <u>PRINT</u> clearly. Pleas	e fill in blanks, und	derline or circle t	the correct answ	ers. Send to	the copie	s to Kansas	Department of	Health and
						5-5524. Send one to W								