		WA	ATER WELL REC	ORD F	orm WWC-5	KSA 82	a-1212 ID N	lo						
1 LOCATION OF WATER WELL: Fraction						5	ection Number	Town	Township Number			Range Number		
County: Ottawa NE 1/4			SW	14 SE	1/4	16	T	11	s	R	3	<b>K</b> /W		
Distance and direction from nearest town or city street address of well if located within city?														
			<u>-</u>											
2 WATER	R WELL OW		rry Weis											
RR#, St. A	ddress, Box	,, ,	17 K106					Boa	rd of Agric	culture, D	ivision of	Water R	lesources	
City, State,			nneapolis		67467						44514			
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF C	OMPLETE	D WELL1.	20	ft. ELEVA	TION:						
AN "X" II	N SECTION	BOX:	Depth(s) Groun				ft							
	N N	1	WELL'S STATIC	C WATER L	LEVEL2	<b>4</b> ft. b	elow land surfac	ce measured	d on mo/d	ay/yr	8./.1.4	./.03		
Pump test data: Well water was												gpm		
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well											gpm			
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify bek												w)		
W E Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well														
	·	;	I											
	-sw	- SE	Was a chemica	l/bacteriolo	ogical sample	submitted t	o Department?	Yes No	<b>x</b> .	If ves m	o/day/yrs	sample	was sub-	
Was a chemical/bacteriological sample submitted to Department? Yes NoX; If yes, mo/day/yrs sample water Well Disinfected? Yes x No														
A														
5 TYPE (	OF DLANK C	ASING USED:		C 14/	h.t. i.u.a	0.0		040	NO IOINI	TO 01	. <b>v</b>			
1 Stee		ASING USED. 3 RMP (SI		5 Wrough	os-Cement		<ul><li>8 Concrete tile</li><li>9 Other (specify below)</li></ul>					dX Clampedled		
X <sub>2</sub> PVC		4 ABS	1 17	7 Fibergla			becity below							
Blank casir	na diameter	1.6	in. to											
			2											
	_	R PERFORATIO		•	3		PVC		10 Asbes					
1 Steel 3 Stainless Steel				5 Fibergl	ass		RMP (SR)		11 Other (Specify)					
2 Bras	SS	4 Galvaniz	zed Steel	6 Concre	ete tile	9 /	9 ABS		12 None used (open h					
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)												nole)		
1 Con	tinuous slot	<b>XX</b> M	fill slot		6 Wire wrapped			9 Drilled				• •	,	
2 Lou	vered shutte	r 4 K	ey punched		7 Torch	n cut		10 Other	(specify)		•••••		ft.	
SCREEN-F	PERFORATE	ED INTERVALS:	: From	60	ft. to	120	ft., From			ft. to			ft.	
From												ft.		
GRAVEL PACK INTERVALS: From														
			From		π. το		π., ⊢rom			π. το		•••••	tt.	
6 GROU	JT MATERIA	L: 1 Nea	t cement	2X*Cem	ent grout	3 Be	entonite	4 Other						
Grout Inter	vals: Fron	1 <b>2</b>	ft. to 2.			ft								
			contamination:	None	within	1/4 1	nile <sub>10 Lives</sub> .	tock pens			bandoned			
1 Septic tank 4 Lateral lii			ral lines		7 Pit privy				15 Oil well/Gas well					
2 Sewer lines 5 Cess poo			s pool		8 Sewage	lagoon	12 Fertili		16 Other (specify below)					
3 Watertight sewer lines 6 Seepage pit				9 Feedyard				13 Insecticide storage					,	
Direction from well?								How many feet?						
FROM	ТО		LITHOLOGIC	LOG		FROM	ТО	,	PLUG	GING IN	TERVALS			
0	3	Topsoil												
3	10	Clay, b				<del> </del>								
10	18		k and sh	2]0 (	arau									
	1					<del>                                     </del>								
18	85		one within	ron b	ATTE							· · · · · · · · · · · · · · · · · · ·		
85	86	layers Shale,	~~~			+								
	1										•			
86	95	Sandsto		L	3_4		<del>                                     </del>							
95	105		gray wit	u sano	uscone									
105	108	Sandsto												
108	119		one/ shale	e, gra	<b>1</b> Y		+							
119	120	Iron py	TITE			+								
						<del> </del>								
7						<u></u>								
∠ CONTR.	ACTOR'S O	R LANDOWNE	R'S CERTIFICAT	TION: This	water well wa	as <b>≭</b> i) cons	tructed, (2) reco	onstructed, o	or (3) plug	gged und	er my juri	sdiction	and was	
completed of	on (mo/day/y	ear) <b>8./.1</b>	1.57.0.3	•••			and this re	cord is true t	o the best	t of my kn	owledge a	nd belie	f. Kansas	
			1.38						19/Y)	/8. <u>[-}</u>	4.7.0.3			
	usiness nam		erson Ir			· · · · · · · · · · · · · · · · · · ·		(signature)	11/Me	Les les	w			
INSTRUCT	FIONS: Use type	writer or ball point pe	en. <u>PLEASE PRESS FII</u>	RMLY and PRI	INT clearly. Please	e fill in blanks, u	Inderline or circle the	correct answers	s. Send top th	hree copies	to Kansas De	partment	of Health	
		ach <u>constructed</u> well.	ction, 1000 SW Jackson	Ji., Julie 42	.v, iopeka, Naiisa:	5 000 12-130/.	1616PHONE 763-290-3	JOZZ. JENU ONE 1	O WATER W	ELL OWNE	n and retain	ine tor you	IL IL	