			WATE	H WELL H	ECORD	Form W	NC-5	KSA 82	a-1212			<u> </u>			
1 LOCAT	ION OF WAT		Fraction	~ ~		4./	Sec	tion Number	r To	wnship Nur	nber	Range	Number	_ ]	
County:	OTTA		SW 1/4			7W 1/4		10		//	S	R 4	<u>/</u> E	(W)	
Distance a	and direction	from nearest town of	or city street a	ddress of v	vell if locate	ed within o	ity?								
2 WATE	R WELL OW	NER: Kobe	N.W.	real	o'do l	On .						Water	Rights	816	
RR#, St.	Address, Box	#: 76×7	N.W.	vesty:	, <del>, , , , , , , , , , , , , , , , , , </del>				E	Board of Ag	riculture, [	Division of W	ater Reso	ources	
City, State	e, ZIP Code	: Kans	sas C.	17 , D	10.	6415	工人		,	Application I	Number:	14, 25	6	1	
3 LOCAT	E WELL'S LO	CATION WITH 4	DEDTH OF C	MADI ETE	D WELL				ATION						
AN "X"	IN SECTION														
- r	- N		epth(s) Ground			,									
1	-	!     W	ELL'S STATIC												
<u> </u>	NW I	- NF						ft. a							
	i l	Es	t. Yield	gpm:	Well wat	er was .		ft. a	after		hours pur	mping		gpm	
	i	· 1 1	re Hole Diame												
₩ W	1		ELL WATER T					r supply		nditioning		Injection wel			
-	i	i     '''	1 Domestic					ter supply		tering		Other (Speci		. [	
]  -	SW	SE	<u> </u>							•			•		
		'	2) Irrigation		dustrial		_	arden only							
† L	(201	Wa	as a chemical/b	pacteriologi	cal sample	submitted	to De	epartment? Y	es	No	; If yes,	mo/day/yr s	ample wa	s sub-	
<del>-</del>	<u>S</u>	mit	tted						ater Well	Disinfected <sup>a</sup>	Yes	No			
5 TYPE	OF BLANK C	ASING USED:		5 Wrough	nt iron	( <b>&amp;</b> )c	oncre	ete tile	CA	SING JOIN	TS: Glued	I Cla	mped		
1 St	eel	3 RMP (SR)		6 Asbesto	os-Cement	9 0	ther	specify belo	w)		Welde	ed			
2 P\	vc	4 ABS		7 Fibergla	ass						Threa	ded		1	
Blank cas	ina diameter	<b>9</b> .4in.	10 98												
		nd surface/9		.in., weight					./π. wall t				• • • • • • •		
TYPE OF	SCREEN OF	PERFORATION M	MATERIAL:				7 PV	_		10 Asbes	stos-ceme	nt		-	
1 St	eel	3 Stainless ste	eel	5 Fibergla	ass	8	RM	IP (SR)		11 Other	(specify)				
2 Br	ass	4 Galvanized	steel	6 Concre	te tile	9	ABS	S		12 None	used (op-	en hole)			
SCREEN	OR PERFOR	ATION OPENINGS	ARE:	•	5 Gauz	zed wrappe	ed		8 Saw	cut		11 None (d	pen hole	)	
1 C	ontinuous slot	3 Mill s	lot		6 Wire	wrapped			•	ed holes		•	•		
	uvered shutte		ounched	7 Torch cut										Į.	
		, ,												1	
SUREEN-	PERFURATE	D INTERVALS:	From					ft., Fro						1	
			From					•							
(	GRAVEL PAC	K INTERVALS:	From	<i></i>	ft. to .			ft., Fro	om		ft. to	o		ft.	
			From		ft. to			ft., Fro	om		ft. to	<u> </u>		ft.	
6 GROU	T MATERIAL:	1 Neat cem	ent (	2 Cement	arout	3 E	Bento	nite 4	Other .						
Grout Inte	rvals From	1					ft f	to	ft	From		ft to		ft	
			•												
What is the nearest source of possible contamin					Dia malana		10 Livest			<b>F</b>			pandoned water well		
Septic tank 4 Lateral lin			' '			11 Fuel					il well/Gas w		i		
2 Sewer lines 5 Cess pool		ol	8 Sewage lago			on 12 Ferti			ıge	16 O	ther (specify	below)			
3 Watertight sewer lines 6 Seepage pit				9 Feedyard				13 Insecticide storage							
Direction	from well?						How ma	any feet?	<u>50</u>						
FROM	то		LITHOLOGIC I	LQG	,	FRO	М	TO		PLU	gging i	NTERVALS			
98	2/	Sand	Verave	l			1							ļ	
21	9	Class													
8	<i>F</i> /	Carlen	x annu	*											
<u> </u>	.0	Emel	ZI 1	, ,/											
<i>F</i> /	1.0	- reag &	wy se	ou											
	<del>                                     </del>														
	, 0,				0										
	this	well we	es plus	regard of	ecalle	4									
	41	A	1	2 19	, ·		I	T							
	nd Ra	ellen Par	mina Sa	a 19	76				,						
		- Aug	ury m	•					/ ///			- AMERICA CONTROL			
	<del>  •</del>														
	<b> </b>														
<del></del>	<b></b>														
. –	Į T														
7 00:-		D   ANDOMOSES:	OFFICIOATI	ON: Th'				ntad /0\		1 0.60-	aaad	or my jurior	iction and	d was	
_		R LANDOWNER'S	CERTIFICATION	ON: This w											
-	on (mo/day/y							and this reco			, 7/ -	owiedge and	Dellet. Ka	ansas	
Water We	II Contractor's	License No		<b>T</b> t	nis Water V	Vell Recor	d wa	s completed	on (mo/d	ay/yr)	117	cum	Live	,· · · · ·	
under the	business nan	ne of						by (signa	ature) 💆	Sey 1	rises				
INSTR	UCTIONS: Use tv	pewriter or ball point pen.	PLEASE PRESS F	FIRMLY and P	RINT clearly. F	Please fill in b	lanks,	underline or circ	le the correc	t answers. Sen	d top three d	copies to Kansas	Department	ıt	
of Hea	ith and Environme	ent, Bureau of Water, Top	eka, Kansas 66620	0-7320. Teleph	one: 913-296-	5545. Send o	ne to \	WATER WELL (	OWNER and	retain one for	your records	, T		/	
L						r + -		M	√ <i>Y</i> -7	term	a se	isen	ant		
								///	HC &	5 BOX	75	, Kan sa	6671	117	
									min	nea.	an 1.'5	, NUN YG	1017		