	WATE	R WELL RECORD	Form WWC-				
LOCATION OF WATER WELL:	Fraction 5 M/ 1/4	CM/ 1/ O	W _{1/2} Se	ction Number	Township N	Number) s	Range Number R / 2 E/W
County: Alas Planton Distance and direction from neares			ed within city?	37	0,00		n /2 = 5/10/
5 12 ME	rth 13	east o	46 B	unkh	kell	•	
WATER WELL OWNER:	yamis k	on ina	, •		Doord of	A main collection - District	aine of Mater December
RR#, St. Address, Box # : Dity, State, ZIP Code	rest Rend	KC L	075	30		Agriculture, Divi on Number:	sion of Water Resource
LOCATE WELL'S LOCATION W	/ITH 4 DEPTH OF C	OMPLETED WELL.	15	ft. ELEVA	TION:		
TYPE OF BLANK CASING USE Steel 3 RMI PVC 4 ABS Casing height above land surface. YPE OF SCREEN OR PERFORA	WELL'S STATIC Pump Est. Yield Bore Hole Diame WELL WATER T 1 Domestic 2 Irrigation Was a chemical/t mitted ED: P (SR) in. to	test data: Well water gpm: Well water ter	ft. I	below land surf	face measured of ter	n mo/day/yr hours pump hours pump in. to g 11 Inje 12 Oth rell in.; If yes, mo ed? Yes DINTS Glued Welded Threade	ection well ner (Specify below) D/day/yr sample was sut No Clamped to to
	nless steel	5 Fiberglass	-	MP (SR)			
	anized steel	6 Concrete tile	9 AE			one used (open	
CREEN OR PERFORATION OPE	_	5 Gauz	ed wrapped		8 Saw cut	1	None (open hole)
1 Continuous slot (3 Mill slot	6 Wire	wrapped		9 Drilled holes		
2 Louvered shutter	4 Key punched	Z	cut		, ,	• •	
GRAVEL PACK INTERVA	FromALS: From	7.0 ft. to . ft. to			n		ft.
GROUT MATERIAL: Inducting the rearest source of possible for the rearest source of the rearest	ft. to	Cement grout Control ft., From				2000	t. to The fill of the total the file of th
1 Septic tank 4 L	ateral lines	7 Pit privy		11 Fuel s	torage	15 Oil w	ell/Gas well
2 Sewer lines 5 0	Cess pool	8 Sewage lag	oon	12 Fertiliz	zer storage	16 Othe	r (specify below)
3 Watertight sewer lines 6 S	Seepage pit	9 Feedyard		13 Insect	icide storage		ver gon
irection from well?	1/62/1000	00	I EDOM	How man	y feet?	LITUOLOGIO	100
FROM TO	7' LITHOLOGIC I	.og	FROM	то		LITHOLOGIC	LOG
3, 14 05	com &	las a					
74 70 2 Ca	AT sond	XOW	<u>, </u>				
70 80 5	- Fine J.	ed south	Poh.	A 2			- NEW
80 95 74	T Bull el	ay 7 SPer	e sm				
		<i>J J</i>		 			The state of the s
				† †			,
		-					
				 			
CONTRACTOR'S OR LANDOW	NER'S CERTIFICATION	ON: This water well w	as (1))constru	cted, (2) recor	nstructed, or (3)	plugged under	my jurisdiction and was
ompleted on (mo/day/year)	27.30			and this recor		ost or my known	ouge and bollor. Name
Vater Well Contractor's License Nonder the business name of	と、サイン・	This Water W		as completed o	n (mo/day/yr)	7-27	-70 -1008
INSTRUCTIONS: Use typewriter or ball	point pen. PLEASE PRES	S FIRMLY and PRINT clea	arly. Please fill in	blanks, underline	or circle the correct	answers. Send to	p three copies to Kansas
Department of Health and Environment	t, Bureau of Water Protecti	on, Topeka, Kansas 6662	0-7320, Telepho	ne: 913-862-9360). Send one to WAT	ER WELL OWNER	R and retain one for your