LI OCATIONI OF WATER W	(E) .	<u> </u>	WELL RECORD	Form WWC-5			. т	
LOCATION OF WATER W	ELL:	Fraction 5 W 1/4	Su) 16 5		ction Number	Township Num	ber S	Range Number
istance and direction from r	nearest town o	or city street ad			<u> </u>		3	n // -
6N 140			cement					
WATER WELL OWNER:		t Gusti		<u> </u>				
R#, St. Address, Box # :		Boy 35				Doord of Age	ioultura Div	vision of Mater Pessures
ity, State, ZIP Code	7			Board of Agriculture, Division of Water Resource Application Number:				
LOCATE WELL'S LOCATI	HAYS		27601	116		Application	iumber.	
AN "X" IN SECTION BOX	: De _l	pth(s) Groundw	ater Encountered	1	/Aft. 2		ft. 3	9/5-89
TYPE OF BLANK CASING TYPE OF BLANK CASING Sasing diameter	Borner Borner Warning	to	erin. to BE USED AS: 3 Feedlot 4 Industrial acteriological sample 5 Wrought iron 6 Asbestos-Cement 7 Fiberglassft., Dia in., weight 5 Fiberglass 6 Concrete tile 5 Gau 6 Wire	ster was 5 Public wate 6 Oil field wa 7 Lawn and gesubmitted to Description 8 Concret 9 Other	tt. af	ter	hours puminous fine to the control of the control o	hole) 1 None (open hole)
2 Louvered shutter CREEN-PERFORATED INT	4 Key p		7 Toro			· · · · · · · · · · · · · · · · · · ·		
GRAVEL PACK INT	TERVALS:	From	ft. to		ft., From ft., From	1	ft. to. ft. to	ft. ft. ft.
GROUT MATERIAL:	1 Neat ceme		Cement grout					
			ft., From	ft.	to	ft., From		ft. to $\ldots\ldots$.ft.
hat is the nearest source o	f possible con	tamination:			10 Livesto	ock pens	14 Aba	ndoned water well
1 Septic tank	1 Septic tank 4 Lateral lines		7 Pit privy 11 F		11 Fuels	torage	15 Oil v	vell/Gas well
2 Sewer lines 5 Cess pool		ol	8 Sewage lagoon 12 Fertil		12 Fertiliz	er storage	16 Othe	er (specify below)
3 Watertight sewer lines 6 Seepage pit		pit	9 Feedyard 13 Inse		13 Insecti	ecticide storage		
rection from well? No	rth				How man	y feet? 300'		
FROM TO	L	LITHOLOGIC L	OG	FROM	ТО		THOLOGIC	LOG
	and							
30 10 1.	IAV							
10 4 cc	Ment							
		i e	27.77					
	78-0					,		
CONTRACTOR'S OR LAN	NDOWNER'S	CERTIFICATIO						my jurisdiction and was
ater Well Contractor's Licer der the business name of	nse No'		This Water \	Well Record wa	s completed o	n (mo/day/yr)9. ure) // / / / / / / / / / / / / / / / / /	- 11	-84 ei ,
ISTRUCTIONS: Use typewri ree copies to Kansas Depart	iter or ball poin tment of Health rour records.	t pen, <i>PLEASE</i> and Environme	PRESS FIRMLY a ent, Division of Enviro	nd <i>PRINT</i> clearl onment, Environi	y. Please fill in	blanks, underline or	circle the c S 66620. Se	orrect answers. Send top end one to WATER WELL