		W	ATER WELL RECO	ORD F	orm WWC-5	KSA	82a-1212 ID	No			
		ATER WELL:	Fraction			Se	ection Number	Township Nur	nber	Range N	umber
County:			NW 1/4		14 SE	1/4		т 12	S	R 8	E(W)
1			town or city street	address of	well if local	ed within o	city?				
		West of 1	Lincoln								
2 WATER	WELL OV		athy Weath	erly							
RR#, St. A			85 Hwy 14					Board of Agric		Division of Wat	er Resources
City, State,			llsworth,					Application Nu			
_		OCATION WITH						TION:			
AN "X" I	N SECTION	ON BOX:	Depth(s) Ground	water Enco	untered	1	ft.	2	ft. 3.	721700	ft.
T	Y		i					e measured on mo/da			
T								ifter			
	· INVV — —	NE						ifter			
w	i	_						and			ft.
₹ W	T	XI	WELL WATER T		DAS: 5 P	ublic wate	r supply 8	3 Air conditioning	11 In	ijection well	h alaus
	1	05	1 Domestic 2 Irrigation	3 Feedle 4 Indust	ot 6C	omentie (le	er supply 8	Dewatering Monitoring well . L.	ivest	tner (Specify Cock-pas	ture
	SW	SE	_								
*	i	i	Was a chemical/ba	acteriologica	il sample sub	mitted to D		No X ;		no/day/yrs sam	iple was sub-
	S		mitted					r Well Disinfected?			No
_		CASING USED:		Wrought			rete tile	CASING JOIN			
1 Steel		3 RMP (S		S Asbestos			r (specify belov			led	
2)PVC		4 ABS		7 Fiberglas						aded	
								ft., Dia			
				., weight	1 9.9	_		ft. Wall thickness or	-		•••••
TYPE OF 1 Steel		OR PERFORA 3 Stainles	TION MATERIAL:	- Fibourios	_	7 2	VC MP (SR)	10 Asbes		ent	
2 Bras		4 Galvani		5 Fiberglas 5 Concrete		9 AI		12 None			• • • • • • • • • • • • • • • • • • • •
		ORATION ORE		001101010		ed wrappe		8 Saw cut		11 None (op	en hole)
	inuous slo	t (3) M	lill slot		6 Wire v			9 Drilled holes		TT None (op	on nois,
	ered shut	ter 4 K	ey punched		7 Torch	cut		10 Other (specify)			
SCREEN-	PERFORA	ATED INTERVA	LS: From	38	ft. to	. 5.8	ft., From	1	ft. t	0	ft.
			From	3 <i>h</i> ·····	ft. to	. 5.9	ft., From		ft. t	o	ft.
•	GRAVEL I	PACK INTERVA	LS: From	47	ft. to		ft. From	1 1	II. t	0	π. #
6 GROUT				2 Cement g		(3)Bento	onite 4	Other			
				π., Ι	-rom						
What is the nearest source of possible contamination:							10 Lives	tock pens		bandoned wat il well/Gas wel	
1 Septic tank 4 Lateral lines 7 Pit privy								zer storage		on went das we other (specify I	'
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit					8 Sewage lagoon 9 Feedyard			icide storage .	pas	ture	Delow)
Direction from well?						l		many feet?			
FROM	. TO	T	LITHOLOGIC LOC	2	 	FROM	TO		GING IN	NTERVALS	
0	22		- brown, s			FAOIVI	+ '0 +	FLOG	GING II	TILNVALO	
22	43	Clay		эттсу	····			· · · · · · · · · · · · · · · · · · ·			
43	45	Sand	3241				 				
45	58		- gray wit	h san	d stri	ngers	+				
		1	37	50	<u> </u>	9010					1
							1				
							+		· · · · · · ·	·······	
					· · · · · · · · · · · · · · · · · · · ·						
			······································								
				······································	 		 				
							1				
				 			 				
7 CONTRA	CTOR'S	OR LANDOWNE	R'S CERTIFICATION	ON: This w	ater well wa	s (1) cons	tructed, (2) rece	onstructed, or (3) plu	igged un	der my jurisdic	tion and was
								d is true to the best			
		's Licence No						oň (mo/day/yr) 🥠			
			Core Inc.		110	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		gnature)	1 1		
									u Ka	KY	. 414 62 4
INSTRUCTION	טמט: Use type	swriter or ball point per	n. <u>PLEASE PRESS FIRM</u>	LYand <u>PRINT</u>	ciearly. Please f	II in blanks, un	aerline or circle the c	orrect answers. Send top the	ree copies to	o Kansas Departmer	nt of Health and

Environment, Bureau of Water, Topeka, Kansas 86620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.