	TER WELL REC	ORD Form WWC-5	KSA 82a-	1212 ID No		
LOCATION OF WATER WELL:	Fraction	115 115	Sec	tion Number	Township Number	Range Number
County: Ellis Distance and direction from nearest to	1/4	NE 14 NE	1/4	19	т /3 s	R / E/W
WEST SIDE	~	77 Tov	,			
2 WATER WELL OWNER: Mar RR#, St. Address, Box # : 157 City, State, ZIP Code : Hau	Vin Ku 7 Toulor 15, Ks.	hn			Application Number	
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: N	Depth(s) Groun WELL'S STATIC Pur Est. Yield WELL WATER 1 Domestic 2 Irrigation	dwater Encountered C WATER LEVEL	1	ft. bw land surfaceft. aft. a supply r supply vn & garden) Department? Y	2	t. 3
S S					OACINIC IONITO O	l d
5 TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	8 Concrete tile 9 Other (specify below)		W	lued Clamped
Blank casing diameter		ft., Dia		in. to	ft., Dia	
Casing height above land surface		in., weight				
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel		5 Fiberglass 6 Concrete tile	7 PVC 8 RMP (SR) 9 ABS		10 Asbestos-C 11 Other (Spec 12 None used	cify)
SCREEN OR PERFORATION OPENII			zed wrapped		8 Saw cut	11 None (open hole)
1 Continuous slot 3 Mill slot 2 Louvered shutter 4 Key punched		6 Wire wrapped 7 Torch cut		9 Drilled holes	ft.	
SCREEN-PERFORATED INTERVALS		ft. to		ft., From	ft.	. toft.
GRAVEL PACK INTERVALS	6: From	ft. to		ft., From	ft	. to
6 GROUT MATERIAL: 1 Nea	it cement	2 Cement grout	3 Reni	tonite_ 4	I Other	
Grout Intervals: From						
What is the nearest source of possible contamination:				10 Liveste	ock pens 14	4 Abandoned water well
	ral lines	7 Pit privy		11 Fuel s		5 Oil well/Gas well
2 Sewer lines 5 Cess pool		8 Sewage lagoon			•	6 Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well?				13 Insect How man	icide storage	
FROM TO	LITHOLOGIC	CLOG	FROM	TO	•	INTERVALS
1710	2111020410		1110111		, 2000,,,,	
TES	- HOL	.E				
, 33.	T HOL			0-	25	
0 25 Lime	STONE					- Lander Control of the Control of t
Der	HOTE					
000	11016				DE()
		, FD			REC	CEIVED
	7/09	GED			OCT	1 2 2004
					BUREAU	JOF WATER
CONTRACTOR'S OR LANDOWNE completed on (mo/day/year)	478	TION: This water well w	Well Record	was completed	d on (mo/day/yr)	under my jurisdiction and was / knowledge and belief. Kansas

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three comes to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL-OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.