		WATE	R WELL RECORD	Form WWC-	5 KSA 82	2a-1212		<u>.</u>
1 LOCATION OF County:		Fraction 5E 1/4	SE 14 SE	Sec 1/4	ction Numbe	T /3	Number	Range Number
			ddress of well if located		00	1 1 /	S	I R /8 EW
•								
WATER WELL	OWNER: Brown:	5 Service	e Center		44.41.2	2		B
	Box # : 27 th and and e : Hays				MW-3	S Board	_	Division of Water Resource
			OMBI ETED WELL	65	4 ELEV		tion Number:	
AN "X" IN SEC								3
								r
	- NE	Pum	p test data: Well water	was	ft.	after	hours p	umping gpr
\frac{1}{2}	E	st. Yield	gpm: Well water	was	ft.	after	hours p	umping gpr
₹ w 1								n. to
E "	"			5 Public water			-	Injection well
SW	SE	1 Domestic	3 Feedlot (Oil field wa	ater supply	9 Dewatering	12	Other (Specify below)
!		2 Irrigation	4 Industrial	hmitted to D	garden only	Ves No		s, mo/day/yr sample was su
		ras a chemical	bacteriological sample s	abililited to D		ater Well Disinfo		No
TYPE OF BLAN	IK CASING USED:		5 Wrought iron	8 Concr				ed Clamped
1 Steel	3 RMP (SR)		6 Asbestos-Cement	9 Other	(specify bel			ded
2 PVC	4 ABS		7 Fiberglass				Thre	eaded
Blank casing diam	eter 🎗in	. to						. in. to f
			.in., weight					No
	N OR PERFORATION		5 5%t	(7 PV			Asbestos-cem	
1 Steel 2 Brass	3 Stainless s 4 Galvanized		5 Fiberglass 6 Concrete tile	9 AE	MP (SR)		Other (specify None used (o	/)
	FORATION OPENINGS			d wrapped		8 Saw cut	None asea (o	11 None (open hole)
1 Continuous			6 Wire v	• •		9 Drilled hol	es	() () () () () () () ()
2 Louvered s	shutter 4 Key	punched	7 Torch	cut		10 Other (sp	ecify)	
	From ft.	. to			to 35	4 Other ft., Fron	35	ft. to 37 f
	st source of possible co		7 Pit privy			estock pens		Abandoned water well
2 Sewer line			8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
	sewer lines 6 Seepag		9 Feedyard	•		ecticide storage		
Direction from wel	. 5	•	•			any feet?		
FROM TO		LITHOLOGIC	LOG	FROM	то		PLUGGING	INTERVALS
0 0.5		. 11	<u> </u>	·				
2 5	Dark brown	x sirry di	ry					
2 5 5 10 10 65	Roma sik	L clas	sithy clay wifeme fine save		1	-		
10 65	Lt. brown	3itta day	W/some fine save	1.				
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					<u> </u>			
			***		<u> </u>			
					ļ			
				 				
		CERTIFICAT	ON: This water well wa					der my jurisdiction and wa
completed on (mo	ctor's License No	43	/	I Record wa	as completed	d on (neo/day/yr)		nowledge and belief. Kansa
	name of	- DIEVOS COSOS	Ly (estro)		c, by (sign	71 -	-10	noxon
			10-0001. Telephone: 913-296-55					e copies to Kansas Department ds.