		WATER WE	LL RECORD	Form WWC-5	KSA 82a			
LOCATION OF W		Fraction	nir Mil		tion Number	Township Nu	1	Range Number
ounty: Salis	ne on from nearest town (		SW 1/4 NW		3	J T 14	<u> </u>	R 1 E/W
	Miles East 1½	-		a within city?				
	WNER: Francis	Ryan					_	
R#, St. Address, B	lox # : RR#1 • : New Cam	hmia Ve 671	<sub>1</sub> ታለ			Board of Aq Application	•	ivision of Water Resource
	LOCATION WITH 4	DEPTH OF COMPI	LETED WELL	<b>4</b> .1	. ft. ELEVA	ΓΙΟΝ:1100		
NW 34 1 SW	W 	Pump test st. Yield  ore Hole Diameter  ELL WATER TO BE  DXDomestic  2 Irrigation	data: Well wate gpm: Well wate 7½in. to USED AS: 3 Feedlot 4 Industrial	ft. be or was	elow land surface ft. af ft. af ft., af r supply er supply arden only 1	ter 1	mo/day/yr hours pun hours punin. 11 li 12 C	nping
	S mi	itted			Wat	er Well Disinfected		
TYPE OF BLANK  1 Steel  2x PVC	3 RMP (SR) 4 ABS	6 A 7 Fi			specify below	) 	Welde Thread	XClampedddded
								SDR 26
PE OF SCREEN	OR PERFORATION N			X PV	="		stos-cemer	
1 Steel 2 Brass	3 Stainless st 4 Galvanized		iberglass oncrete tile	8 RM 9 ABS	P (SR) S		r (specify) . e used (ope	n hole)
	DRATION OPENINGS			ed wrapped			• •	11 None (open hole)
1 Continuous s	slot 3 Mill s	slot		wrapped		9 Drilled holes		
2 Louvered shu	utter 4 Key	puriched 36	7 Torch	cut 41				
	TED INTERVALS:	From	ft. to		ft., Fron	n	ft. to	
	<u> </u>	From				<u>n</u>		ft
GROUT MATERIA	AL: Theat cent	nent 2 Cei	ment grout	3 Bento				. ft. to
	omπ. source of possible co		n., From	1L. 1	.∪			andoned water well
1 Septic tank	4 Lateral I		7 Pit privy		11 Fuels	-		well/Gas well
2 Sewer lines	5 Cess po		8 Sewage lage	oon	12 Fortili	ter etorana		ner (specify below)
	wer lines 6 Seepage		9 Feedyard		13 Insect	ticide storage		,
rection from well?	North	•	-		How mar	iy 100t:		
ROM TO		LITHOLOGIC LOG		FROM	то		ITHOLOGI	C LOG
$\frac{1}{2}$ $\frac{2}{2}$	Top Soil Sandy Loo							
2 25 25 28	SAnd SAnd	181						
28 29	flay							
29 41	Med. Sand	& Gravel						
41	Clay							
	1							
mpleted on (mo/da ater Well Contracto	ay/year)11-2 or's License No	3 <sub>8</sub> 86	This Water W		and this recor s completed o	on myday/yr)		or my jurisdiction and was
nder the business number instructions: Use		nger Pump Se en. PLEASE PRESS FIR		arty. Please fill in I		ure)  or circle the correct a	Inswers. Sen	op three copies to Kansas
Department of Health		of Oil Field and Environm						e: 913-862-9360. Send one