			WATE	R WELL RECORD	Form WW0			
-	N OF WAT SALIN	CER WELL:	Fraction NE 1/	SW 1/2	SE 1/4	Section Number	Township Number	Range Number
county: Distance an			- 74	address of well if located			T 14 S	R J E/W
istance an	a direction		6 E. NEAL	louress of Well II located	2 William City			
WATER	WELL OW	NER: DWIGHT						
R#, St. Ac	ddress, Bo	× # : 926 E.	NEAL				Board of Agriculture	e, Division of Water Resources
City, State,			.KS. 67401				Application Number	T:
LOCATE	WELL'S L	OCATION WITH	4 DEPTH OF C	OMPLETED WELL	17 5	3,6 ft ELEVAT	ION: 1241	
AN "X" I	N SECTIO	N BOX:						. 3
	1							yr . <b>5-4-</b> 98
1	1	1.						pumping 17 gpm
	· NW	NE						pumping gpm
	- i		Bore Hole Diam	eter 9 in. to .	54	ft., a	nd	.in. to
"  -	_	1	WELL WATER	TO BE USED AS:	5 Public w	ater supply 8	3 Air conditioning	1 Injection well
·	I .	! !	1 Domestic	3 Feedlot	6 Oil field	water supply	Dewatering 1	2 Other (Specify below)
1	- 3W	SE	2 Irrigation	4 Industrial	7 Lawn an	d garden only 1	0 Monitoring well	
	i		Was a chemical	bacteriological sample s	ubmitted to	Department? Yes	s; If y	es, mo/day/yr sample was sub
			mitted			Wate	er Well Disinfected? Yes	
TYPE OF	BLANK C	CASING USED:		5 Wrought iron	8 Con	ocrete tile	CASING JOINTS: GI	ued X Clamped
1 Stee		3 RMP (S	iR)	6 Asbestos-Cement	9 Oth	er (specify below)	) We	elded
2 PVC	_	4 ABS	1.0	7 Fiberglass				readed
				6 ft., Dia	1.60in.	to	ft., Dia	in. to sing ox ft.
				.in., weight			. Wall thickness or gauge	No
YPE OF S	CREEN O	R PERFORATIO	N MATERIAL:			PVC	10 Asbestos-ce	ment
1 Stee		3 Stainles		5 Fiberglass		RMP (SR)		fy)
2 Bras		4 Galvania		6 Concrete tile	9 /	ABS	12 None used	
		RATION OPENIN			ed wrapped			11 None (open hole)
	tinuous slo	-	fill slot .035		vrapped		9 Drilled holes	
	vered shutt		· ·	7 Torch ft. to	cut 53.6	5		
CREEN-PE	ERFORATI	ED INTERVALS:	FIOIII					. toft.
0.5	34VEL DA	OK INTERVALO	From		53.6	۲۰۰۰ . ft., From	π	. to
Gr	HAVEL PA	CK INTERVALS:	. 110111	· · · · · · · · · · · · · · · · · · ·				. 10
GROUT	MATERIAL	.: 1 Neat	From	ft. to	2 Po	ft., From		to ft.
•								ft. to
		ource of possible	_			10 Livesto	,	Abandoned water well
	tic tank	•	ral lines	7 Pit privy		11 Fuel s	•	Oil well/Gas well
	er lines		s pool	• •				Other (specify below)
		er lines 6 Seep		9 Feedvard			cide storage	Cinci (opcon) bolow,
Direction fro		NORT	• .	5 · 555, a. c		How man		
FROM	ТО	2	LITHOLOGIC	LOG	FROM			INTERVALS
0	3	FILL DI	RT					
3	43	CLAY TA	N TO LIGHT	GREEN				
43	54	SAND FI	NE TO COAR	SE CLEAN				
			***					
					_			
CONTRA	CTOR'S	OR LANDOWNE	R'S CERTIFICAT	ION: This water well wa	as (1) cons	tructed, (2) recon	structed, or (3) plugged u	inder my jurisdiction and was
ompleted o			5-4-98			and this record	d is true to the best of w	knowledge and belief. Kansas
	-	s License No		This Water W		was completed of	m (marday/yr)	8/
			GER PUMP S			by (signation	ne Olef O	lely
					ase fill in blank		he correct arswers. Send top the	ee copies to Kansas Department
of Health	and Environm	ent, Bureau of Water,	Topeka, Kansas 6662	20-0001. Telephone: 913-296-5	545. Send one	to WATER WELL OW	NER and relain one for your reco	ords.