	WATE	R WELL RECORD	Form WWC-5	KSA 82a			
LOCATION OF WATER WELL:	Fraction 1/4	SE 14	Sec	tion Number	Township Nu		Range Number
istance and direction from nearest to	own or city street a	ddress of well if locate	d within city?	222	T 14	<u> </u>	R J E(W)
WATER WELL OWNER. DANTI		ringham DR.					
WATER WELL OWNER: DAVII R#, St. Address, Box # : 1229		DR -			Board of A	ariculture.	Division of Water Resource
y, State, ZIP Code : SALIN		•			Application	-	Dividion of train flooring
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	H 4 DEPTH OF C	OMPLETED WELL.	47	ft. ELEVA	TION: 1229		
NW NE NW NE	WELL'S STATIC Pump Est. Yield 7! Bore Hole Diame WELL WATER T 1 Domestic 2 Irrigation Was a chemical/t mitted :: SR)in. to 4118ON MATERIAL: sss steel nized steel	o test data: Well water  5. gpm: Well water  6. gpm: Well water  6. gpm: Well water  7. gpm: Well water  8. gpm: Well water  9in. to  9in. to  10. General sample  10. General s	er was 20 er was 47 5 Public wate 6 Oil field wa 7 Lawn and 6 submitted to Di  8 Concre 9 Other  in. to	elow land sur  C	ter	hours purchours glued Three purchours gauge Nestos-cement (specify) er used (open policy purchours purchou	Imping
		6 Wire	wrapped				
2 Louvered shutter 4 REEN-PERFORATED INTERVALS	Key punched	7 Torch	cut		10 Other (specify	) . <i></i>	o
out Intervals: From	S: From2, From t cement ft. to25	5 ft. to	3 Bento	ft., From tt., F	nn Other ft., From	ft. t	ft. to
nat is the nearest source of possible					ock pens		bandoned water well
1 Septic tank 4 Late		7 Pit privy			storage		
	ss pool	8 Sewage lag	oon		zer storage	16 O	ther (specify below)
3 Watertight sewer lines 6 See		9 Feedyard			ticide storage		
rection from well? WES			I ==0	How mar		LICOINO I	NITEDVALO
ROM TO TOP SOI	LITHOLOGIC I	LOG	FROM	то	rL'	odding i	NTERVALS
1 18 SANDY 1							
18 35 SAND							
35 36 CLAY							
	HEAVY SAND						
JO TI PED. 10	O IMMAI DWIND						
				ļ			
				ļ			
	-12-90			and this recor	is true to the bes	st of my kn	der my jurisdiction and wa pwledge and belief. Kansa -90 a
iter Well Contractor's License No.		Inis Water W	/ell Record wa	s completed of	oly (mo/day/yr) ///	イナナリ	
der the business name of P	ESTINGER PUM	P SERVICE		by (signat	ura Oul	100	elina
INSTRUCTIONS: Use typewriter or ball poin	nt pen. PLEASE PRESS F	FIRMLY and PRINT clearly. Pl	ease fill in blanks,	underline or circle	the correct answers. Set WELL OWNER and ret	nd top three o	copies to Kensas Department