	WATEF	R WELL RECORD	Form WWC-	KSA 82a-			
LOCATION OF WATER WELL:	Fraction		_	ction Number	Township Numb		Range Number
County: Ellsworth	15E 1/4		E 1/4	16	т 14	S F	8 E/W
Distance and direction from nearest to	wn or city street ad	dress of well if located	Within City?				ĺ
2 WATER WELL OWNER: Clarer	nce Nienke						
RR#, St. Address, Box # : HC L	Board of Agriculture, Division of Water Resources						
City, State, ZIP Code : El 600	orth Ks.	674 39			Application Nu		
LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF CO	OMPLETED WELL/ water Encountered 1.					I
N		WATER LEVEL . /. 0:					
1 1 1 1 1		test data: Well water					
NW NE							
1 1 1 1	1	gpm: Well water					
₩	I	terin. to.					
<u> </u>	WELL WATER TO		5 Public water		8 Air conditioning	11 Inject	ion well
SW SE -X-	Domestic				9 Dewatering		
	2 Irrigation				0 Monitoring well		
ļ <u> </u>	Was a chemical/b	acteriological sample s	ubmitted to D				
<u> </u>	mitted			Wate	er Well Disinfected?		No Clamped
5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concr	ete tile	CASING JOINT	Glued	Clamped
1 Steel 3 RMP (S	R)	6 Asbestos-Cement	9 Other	(specify below)	Welded	
2 PVC 4 ABS		7 Fiberglass				Threaded.	
Blank casing diameter 75	.in. to	ft., Dia	in. to		ft., Dia	in. to	ft.
Casing height above land surface	.3.4"	in., weight		lbs./fr	t. Wall thickness or g	auge No	
TYPE OF SCREEN OR PERFORATION	N MATERIAL:		7 P\	'C	10 Asbesto	s-cement	/
1 Steel 3 Stainles	s steel	5 Fiberglass	8 RM	MP (SR)	11 Other (s	specify)	N/A
2 Brass 4 Galvani	zed steel	6 Concrete tile	9 AE			sed (open ho	//
SCREEN OR PERFORATION OPENIN	NGS ARE:	5 Gauze	d wrapped		8 Saw cut		None (open hole)
	Aill slot	6 Wire v	• •		9 Drilled holes		,
	(ey punched	7 Torch	• •	<i>j</i>		11/4	2
SCREEN-PERFORATED INTERVALS:		A 1 / A					
SCHEEN-PERFORATED INTERVALS.							
GRAVEL PACK INTERVALS	From	ft. to					
GHAVEL PACK INTERVALS				-			
a apolit Material	From	ft. to	(David	ft., From			ft.
-	-	2 Cement grout	3 Bento				
, -		ft., From	π.				1
What is the nearest source of possible				(10 Tivesto			oned water well
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage 15 Oil well/Gas we			
2 Sewer lines 5 Cess pool		8 Sewage lagoon		12 Fertilizer storage 16 Other (specify below)		specify below)	
3 Watertight sewer lines 6 Seep	page pit	9 Feedyard			icide storage	. <i>.</i>	
Direction from well? West			1	How man		OING INTER	
FROM TO	LITHOLOGIC L	_OG	FROM	TO		GING INTER	
			122	107	Chloringto	1 59 h	1
			10,7	6	Zripseil Cl	ays	
			<u> </u>	5	Bentemit	•	
			13	0	Top soil		
							,
				L			
7 CONTRACTOR'S OR LANDOWNE	R'S CERTIFICATION	ON: This water well wa	ıs (1) constru				
completed on (mo/day/year) . 4-26	12						ge and belief. Kansas
Water Well Contractor's License No.	,			•	n (mo/day/yr) //	-28-	93
under the business name of Mu No	ter a	rality ccord	rinatol	by (signatu	ure) //act/	Sureas	17
INSTRUCTIONS: Use typewriter or ball point	pen. <u>PLEASE PRESS FI</u>	RMLY and PRINT clearly. Plea	ase fill in blanks,	underline or circle	the correct answers. Send	top three copies	to Kansas Department
of Health and Environment, Bureau of Water	, Topeka, Kansas 66620	0-0001. Telephone: 913-296-5	545. Send one to	WATER WELL OW	/NER and retain one for you	ur records.	