		WATER	WELL RECORD F	orm WWC-5	KSA 82a	-1212_		
LOCATION OF WA		Fraction			tion Number	Township Nun	nber S	Range Number R 19 E/W
		or city street add	dress of well if located	A	Prin	 ن		
<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	VNER: Harok 0x # : 977 0	1 G. 91	Urginia RA	つみんろ		Board of Ag		vision of Water Resource
LOCATE WELL'S I	N BOX:	epth(s) Groundw /ELL'S STATIC \ Pump st. Yield ore Hole Diamete /ELL WATER Te	test data: Well watergpm: Well water erin. to BE USED AS: 5 3 Feedlot 6	Public wate	ft. 2 elow land surfft. afft. afft., a r supply ter supply	face measured on riter	no/day/yr , hours pum hours pumin. 11 Ir	
		/as a chemical/ba itted	acteriological sample su	bmitted to De	•	esNo ter Well Disinfected		no/day/yr sample was sul No
TYPE OF BLANK 1 Steel 2 PVC	3 RMP (SR) 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		ete tile (specify below	CASING JOHN	T9: Glued Welded	Clamped
Blank casing diamete Casing height above TYPE OF BONEEN C	land surface Cut.	At BODA			Ibs./f	t. Wall thickness or		. to ft. 
1 Steel 2 Brass SCREEN OR PERFO				5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS 5 Gauzed wrapped		11 Other (specify)		
1 Continuous sl 2 Louvered shu 3 CREEN-PERFORAT	ot 3 Mill tter 4 Key		6 Wire wi	rapped	ft., Fror	9 Drilled holes 10 Other (specify)		
GRAVEL PA	ACK INTERVALS:				•	n		
<ul><li>1 Septic tank</li><li>2 Sewer lines</li></ul>	,	to ontamination: lines ool	Cement grout ft., From 7 Pit privy 8 Sewage lagoo		nite 4 to	Other	14 Aba 15 Oil	ft. toft. andoned water well well/Gas well er (specify below)
Direction from well?	wer lines o Seepag	e pit	5 i eedyaid		How mar	•		· · · · · · · · · · · · · · · · · · ·
FROM TO	Sand	LITHOLOGIC L	og tel cuft)	FROM	TO	L	ITHOLOGIC	LOG
Sort.	Le Ce	ment	uft cener	7)				
	Hole C.	eeme	ely fillel					
	By hel	per- luiti	W, 11, 50 h 51/7.			7		
	TA13 a	C// 260	indon ex ir	P				
								rmy jurisdiction and was
completed on (mo/day Vater Well Contracto under the business na	r's License No	old Gil	This Water We	I Record wa	s completed of by (signat	on (mo/day/yr)		fledge and belief. Kansas
NSTRUCTIONS: Use	typewriter or ball po s Department of Heal	int pen, <i>PLEASE</i>	PRESS FIRMLY and	<i>PRINT</i> clearl ent, Environi	y. Please fill ir	blanks, underline o	r circle the	orrect answers. Send top end one to WATER WELL