	W	ATER WELL RECORD FO	rm WWC-5 KSA 82	a-1212	
LOCATION OF WATER County: TREGO	WELL Fraction	45W 4 NE	Section Number	Township Number	Range Number
Distance and direction from	nearest town or city	Fullell Va	Street address of well i		
R#, St. Address, Box #	MARVIN LD		_//		Division of Water Resources
City, State, ZIP Code	la Crosse,	175 67548	<u> </u>	Application Number:	
DEPTH OF COMPLETE	D 280		.1in. to	ft., and	in. to ft.
Well Water to be used as	STAIDLE 5 Public was	ter supply	8 Air conditioning	11 Injection we	
1 Domestic 3 Feedlo	ot 6 Oil field w	ater supply	9 Dewatering	12 other (Spec	
2 Irrigation 4 Industr	rial 7 Lawn and	garden only	10 Observation well	7 <i>E</i> \$7	WOIE
Well's static water level	ft. below	land surface measured on		nonth	dayyear
		as			
TYPE OF BLANK CASI		5 Wrought iron	8 Concrete tile	Casing Joints: Glue	ed Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify belo	_	ded
2 PVC	4 ABS	7 Fiberglass		Thre	aded
Blank casing dia	12			ft., Dia	
			- A	s./ft. Wall thickness or gauge	400
		in., weight	7 PVC	s./it. waii triickness or gauge 10 Asbestos-cem	
TYPE OF SCREEN OR PE					
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	, , , , , , , , , , , , , , , , , , , ,	·)
2 Brass	4 Galvanized steel	6 Concrete țile	9 ABS	12 None used (o	'
Screen or Perforation Oper	nings Are:	5 Gauzed	wrapped	8 Saw cut	11 None (open hole)
 Continuous slot 	3 Mill slot	6 Wire wr	apped	9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch c		10 Other (specify)	
Screen-Perforation Dia	ےin. to د	🞾 , ft., Dia	in. to	ft., Dia	in to
Screen-Perforated Intervals	: From Quell	h / sino	ft., From		
,	From	ft. to	ft., From		
Gravel Pack Intervals: 1	From		ft From		
Chaver I dok intervalo.	From	ft. to	ft., From	ft. to	ft.
5 GROUT MATERIAL	1/	2 Cement grout		Other	
		ft., From			
What is the nearest source				•	Abandoned water well
1 Septic tank	4 Cess pool	7 Sewage lagoo		ū	Oil well/Gas well
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Inse	cticide storage 16	Other (specify below)
3 Lateral lines	6 Pit privy	9 Livestock pens			
Direction from well. /.U.	<i>W</i>	How many feet 🔾) Wate	r Well Disinfected? Yes	No
Was a chemical/bacteriolog	jical sample submitted to	Department? Yes		10	if yes, date sample
was submitted		day	year: Pump Install	ed? Yes	.No X
If Yes: Pump Manufacturer	's name		Model No		Volts
Depth of Pump Intake		ft.	Pumps Capacity rated a	t	gal./min.
		2 Turbine 3			
		CATION: This water well was			
					- ·
-		month			
	•	and belief. Kansas Water We			
	as completed on			. day	year under the busines:
name of		····	(signature)	T == T k	
7 LOCATE WELL'S LOCA	ATION FROM TO		C LOG FRO	DM TO M	LITHOLOGIC LOG
→ WITH AN "X" IN SECT					<i>y</i>
BOX:	40 280	O Blus Shal	a.	من الريد الأ	
N					
Ī ! !				() () Xo ,	
NW NE					· · · · · · · · · · · · · · · · · · ·
				C Mx W	VP 15 .00
* w 1	d E			1 - 1 O	P 6'
SW SH2 -		and the second s		(V) (V)	
				17-71, 50	· •
<u> </u>	2			17,0	X Dage
1 Mile	P1			70	A 2
ELEVATION:				U'	\M_
Denth(s) Groundwater Eng	nuntered 1 1 n	ft. 2 ft. 3	ft 4 ft	(Use a second s	heet if needed)
INSTRUCTIONS: Hea trop	writer or hall point pen of	ارراد کا اداد کا داد کا داد کا داد کا اداد کا ا اواد کا اداد کا داد	learly Please fill in blan	ks underline or circle the corr	
copies to Kansas Departme	nt of Health and Environm	ent, Division of Environment, W	/ater Well Contractors, To	opeka, KS 66620. Send one to	WATER WELL OWNER and
retain one for your records	j.				