				WATE	R WELL	RECORD	Form \	wwc-	5 KSA 8	32a-121					*	
LOCATION		/ELL:	Fr	raction			₹₽		ction Numb	er	Townshi	•			Range ا	Number
County: Sa	LINE lirection from	negree ¹ to	WD 05 5	SW 14		SE ¼	SE 1/2		8		T -	15	S	R	ر	
			wn or er	ty street ac	adress of					4	Unat	20.4	. (7	1	, KS.
KK, S	molan,	Toba	Mox	-d a+mai		$I\rho u$	NOR	HL	ANU		7151	01	ر -	NO P	AN	1/10
	ELL OWNER:	- D-D	MOT	.ศ.ร ศ.ษเ	[0]											
	ess, Box # :			rra (ni	lucio						Board	of Agri	culture,	Division	of Wa	ter Resourc
	Code :		an,	V2 01	479		- 1.0				Applica	ation N	umber:			
LOCATE WE	ELL'S LOCAT	ION WITH	4 DEI	PTH OF CO	OMPLET	ED WELL	48	์ ว่า : : :	ft. ELE	VATIO	N :					
	N		Depth((s) Groundy	water En	countered	1. 5.5	. + +	f	t. 2	• • • • • • • • •		π.	3. KYL	シンタウ	π.
	!	!	WELL'	S STATIC	WATER	LEVEL	: .	ft. b	pelow land	surface	measured	on m	o/day/y	97.	:X × (.	
N	w	VE		Pump	test dat	a: Well v	vater was	;	ft	. after	· · · · ነኂ ·	h	ours p	umping		g · · · · gpr
	ï l	i	Est. Yi	ield 279	gpr	n; Well v	vater was	17/6	F.F ft	. after	1 .₹.	r	ours p	umping		さ gpr f
. w	1												ir	n. to	<i>.</i>	
· ''	!	! `	WELL	WATER TO	O BE US	SED AS:	5 Publ	lic wate	er supply	8 A	ir condition	ning	11	Injectio	n well	
,	l «	E	1	Domestic	3	Feedlot	6 Oil f	iełd wa	iter supply	9 D	ewatering		12	Other ((Specify	below)
'	" ·			Irrigation		Industrial			garden only							
	<u>i</u>	١٨	Was a	chemical/b	acteriolo	gical samp	le submitte	ed to D	epartment?	Yes	No.	X	; If yes	s, mo/da	y/yr sar	mple was su
	S		mitted						1	Water V	Vell Disinfe	ected?	Yes	X	No	
TYPE OF B	LANK CASIN	G USED:			5 Wrou	ght iron	8	Concr	ete tile		CASING	JOINT	S: Glue	<u></u>	Clarr	nped
1 Steel		3 RMP (S	R)		6 Asbe	stos-Ceme	nt 9	Other	(specify be	low)			Wek	ded		
2 PVC		4 ABS			7 Fiber	glass		<i>.</i>		. .			Thre	aded		
lank casing d	iameter	. 5	.in. to .	38	ft	- Dia		.in. to)		ft Dia			in. to		f
	above land su															
	EEN OR PEF				,	,		7 PV					os-cem			
1 Steel		3 Stainles:			5 Fiber	nlass			MP (SR)				-			
2 Brass		4 Galvaniz		al .	6 Conc			9 AB						pen hole		
	PERFORATIO				0 00110		auzed wrap			8	Saw cut					en hole)
1 Continu		-	lill slot				ire wrappe	•			Drilled hol	00			c (- F	
	ed shutter		ey punc	shod			orch cut	u					- 03	ദ ദി	lot:	
	FORATED IN				38					. 10	Other (spe	ocity) .		, YU.	40.4 .	
			Fro	m		ft. to) _. . <u>.</u>		ft., F	rom			ft.	to		
GRA\	/EL PACK IN	TERVALS:	Fro	m	20	ft. to	48	i	ft F	rom			ft.	to		
			Fro			ft. to				_						f
GROUT MA	TERIAL ·	1 Neat			2 Cemer	nt grout		Bento	nite							
Frout Intervals																
	arest source of				11.,	1 10111		14.		estock		• • • •		Abandon		
1 Septic		4 Later			7	Dit priva					ige Igens					
2 Sewer		_									_					
		5 Cess	•			Sewage	_			rtilizer s			16 (Other (sp	pecity b	HOW)
	ght sewer line				9	Feedyard	j.				storage	,	• • • • •		• • • • •	
	well? Nort	n wes		101 0010 1			<u> </u>			nany fe	et? 125					
	TO m	~ ~ •		HOLOGIC L	LOG		FF	ROM	то	1		LIŢ	HOLO	GIC LOC	<u>i</u>	
		p Soi														
		<u>ay-Gr</u>								1						
		<u>ay-Br</u>														
		ale-G								1						
19 4	8 Sh	ale-G	ray	& Red						<u> </u>						
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CONTRACT	OR'S OR LA	NDOWNE	R'S CEF	RTIFICATIO	ON: This	water wel	l was (1) (constru	cted, (2) re	econstru	ucted, or (3) plug	ged un	der my	jurisdict	tion and wa
	mo/day/year)								and this re							
	ntractor's Lice		13	8.		This Wate	r Well Rec	ord wa	s complete	d on (r	no/dav/vr)	4	6-1	5. T. Š	<i>7</i>	
	40001 3 1400							wo							سست	
ider the hist-	see name of	Pa	tone	on T-	ni mad	· i ^~	T		hv (eia	nati iro\	1771	h • •		ועאו	_	
INSTRUCTION	ness name of IS: Use typewrite	er or ball poir	nt pen. PL	on Iri	S FIRMLY	and PRINT	clearly. Plea	se fill in	blanks, unde	rline or c	ircle the con	rect ans	wers. Se	nd top thi	ree copie	s to Kansas
INSTRUCTION	ness name of IS: Use typewrite Health and Envir	er or ball poir	nt pen. PL	EASE PRES	S FIRMLY	and PRINT	clearly. Plea	se fill in d Permit	blanks, unde	rline or c	ircle the cor	rect ans	wers. Se	nd top thi	ree copie	es to Kansas 60. Send one
INSTRUCTION Department of I	S: Use typewrite	er or ball poir onment, Offic	nt pen. <i>PL</i> ce of Oil F	EASE PRES	S FIRMLY	and PRINT	clearly. Plea	se fill in d Permit	blanks, unde	rline or c	ircle the cor	rect ans	wers. Se	nd top thi	ree copie	es to Kansa 60. Send on