NORTH			WELL RECORD	Form WWC-		2a-1212		COP	PS
OCATION OF WA	TER WELL:	Fraction	1/2 8	6 Se	ection Number			Mange I	_
unty: SAIN	n from nearest town o	NW 1/4	VE 1/4 S	1/4	તડ	T 16	S	R 3	e w
ance and direction	<i>-</i>	, .	ess of well if loca	itea within city?					
	7, 1,	dyeport	RURAL	1.11-10	Dist	<i></i>			
WATER WELL OV	- 11 11 T	E COUNTY	RURAL	WAIEK.	0157 4				
#, St. Address, Bo	ox#: 42 E	IdON JO	HUSON		Ħ			Division of Wat	
, State, ZIP Code		ARIA,K	<i></i>	(/ Application	Number:	3345	8
OCATE WELL'S I	LOCATION WITH 4	DEPTH OF COM	IPLETED WELL.		ft. ELEV	ATION:			
sing height above in the second of Screen Consideration of Steel Screen Consideration of Steel Screen Consideration of Steel Screen Consideration of S	SE WE SE WE SE WE SE WE SE WE WE WE WE WE WE WE WE WE WE	Pump to Pump t	est data: Well way gpm: Well w	24.6. ft. ater was to	below land s ft. ft. ft. ft. ft. ft. ger supply garden only Department? W rete tile (specify below below land s W rete tile (specify below below land s W rete tile (specify below below land s W rete tile Specify below Component land s W Rete tile Specify below Component land s Specify below Specify below	10 Observation well Yes	mo/day/yr hours pur hours pur in. 11 12 1 12 1 12 1 13 17 18 17 19 18 19 19 19 19 19 19 19 19 19 19 19 19 19	mping 7. mping	below) ped
Continuous sk	ot 3 Mill sl	ot	6 Wire	e wrapped		9 Drilled holes			-
2 Louvered shut		unched		ch cut		10 Other (specify)			
GRAVEL PA	ACK INTERVALS:	From			ft., Fr		ft. to		
BROUT MATERIAL		_ ~ ~	Cement grout	3 Bent		1 Other			
	m 5 ft. t		. ft., From	ft.			• · · · · · · ·	. ft. to	
	ource of possible cont	tamination:				stock pens	14 Ab	andoned water	er well
1 Septic tank 4 Lateral lines			7 Pit privy		11 Fue	l storage		Oil well/Gas well	
2 Sewer lines 5 Cess pool		ol	8 Sewage lagoon		12 Fert	ilizer storage		her (specify be	
3 Watertight sev	ver lines 6 Sqepage	pit	9 Feedyard		13 Inse	ecticide storage	Smoke	y Hill.	KIVER
ction from well?	EUES!	7			How m	any feet? /00-	ft '		
ом то		ITHOLOGIC LO	G	FROM	то	L	ITHOLOGI	C LOG	
0 5	100 20	4/							
5 13		ا لدلن مع	S/AY			***************************************			
13 20	BROWN	CIAY							
20 31_	VERY F	INE SA	ND						
31 35	MEDIUM	SANO +	GRAY CIAS	/			1800		
35 40	COURSE S								
31 35 35 40 40 42	GRAY CLAY	V	/ /						
42 51	MEDIUM	COURSE E	BROWN SAI	NO					
51 52	GRAY SH								
	/ 3"	1,~						1 10.000	
pleted on (mo/day er Well Contractor	's License No	138	This Water	Well Record w	and this rec as completed	ord is true to the bes I on (mo/day/yr)	t of my kno	wledge and be	elief. Kansa
M. A. Brandanana and	me of PETER	(50A) T	-DRIGHT	ION INI	by (sign	ature)	Kale	10	
er the business na									
RUCTIONS: Use copies to Kansas	typewriter or ball points Department of Health ne for your records.	t pen. PLEASE P	PRESS FIRMLY a	ind PRINT clear	ly. Please fill	in blanks, underline o	or circle the KS 66620.	correct answe Send one to W	ers. Send t ATER WE