		***************************************	WELL RECORD	Form WWC-5	KSA 82a-			
LOCATION OF W	ATER WELL:	Fraction	NW 1/4		on Number	Township Nu		Range Number
County: Ba: Distance and directi				SW 1/4 35		т 18	S	R 11W E/M
<b>A</b>	laflin, Kans		uress or well it locat	Bu William City:				,
	WNER: Leona							
RR#, St. Address,						Board of Ac	riculture Div	ision of Water Resources
City, State, ZIP Cod			s 67526	-		•		None
				56	# ELEVA			1,0120
AN "X" IN SECT	ON BOX:							,
	7 -							11/20/84
1 1	1 i 1	I .						oing gpm
NW -	NE							oing gpm
	1 : 1							oft.
* w   X	<del>                                     </del>	WELL WATER TO		5 Public water		8 Air conditioning		ection well
-	i	1 Domestic	3 Feedlot		• • •			
sw -	SE	2 Irrigation	4 Industrial			Observation well		her (Specify below)
1   1	1 ; 1	1		-	-			o/day/yr sample was sub-
1	<u> </u>	mitted				er Well Disinfected		
5 TYPE OF BLAN	CASING USED:	•	5 Wrought iron	8 Concre				No Clamped
1 Steel	3 RMP (5		6 Asbestos-Cement	9 Other (	specify below			`
2 PVC	4 ABS	•	7 Fiberglass			·	Thread	ed
Blank casing diame	ter 5	in. to 36	ft., Dia	in. to		ft., Dia	in.	to ft.
Casing height above	and surface	<u>1</u> 2 . i	in., weight	. 2.8	Ibs./	t. Wall thickness o	r gauge No.	Sch. 40
TYPE OF SCREEN				7 PV			estos-cement	
1 Steel 3 Stainless steel			5 Fiberglass 8 RMP (S		_	11 Othe	er (specify) .	
2 Brass 4 Galvanized steel			6 Concrete tile 9 ABS		3	12 None	e used (oper	
SCREEN OR PERF	ORATION OPENI	NGS ARE:	5 Gau	zed wrapped		8 Saw cut		1 None (open hole)
1 Continuous	slot 3 1	Mill slot	6 Wire wrapped			9 Drilled holes		
2 Louvered st	utter 4 l	Key punched	7 Toro					
SCREEN-PERFOR	ATED INTERVALS							
GRAVEL	PACK INTERVALS	6: From	10 ft. to	56	ft., From	n <i></i>	ft. to.	
		From	ft. to					
6 GROUT MATER			2 Cement grout					
Grout Intervals:	rom	ft. to <u>1</u> 0	ft., From	ft. 1	0	ft., From	. <b>.</b>	ft. to
What is the nearest	source of possible				10 Lives	tock pens	14 Aba	ndoned water well
1 Septic tank	4 Late	eral lines	7 Pit privy		11 Fuel	storage		
2 Sewer lines		s pool	8 Sewage la	goon		zer storage	16 Oth	er (specify below)
_	ewer lines 6 See	page pit	9 Feedyard			ticide storage		· · · · · · · · · · · · · · · · · · ·
Direction from well'	Sout					ny feet? 60		
FROM TO 10	01 01 077	LITHOLOGIC L	.OG	FROM	ТО		LITHOLOGIC	LOG
	Clay							
10 56	Sandy Cla	<b>y</b>						<u> </u>
								V
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	-							
		66000000000000000000000000000000000000						
		(S)(S)(S)						
		<del>(500)</del>	<u> </u>					<b>-</b>
	/3 cx	6664699	<u> </u>					
		(18039)						
		ovieda Preceive						
		OSCANO NECANA						
		(SOFE)						
			) 9					
7 CONTRACTOR	S OR LANDOWNI	ER'S CERTIFICATION						r my jurisdiction and was
completed on (mo/d	lay/year) <b>11/</b> .2	0/.84			and this reco	rd is true to the be	st of my know	r my jurisdiction and was veledge and belief, Kansas
completed on (mo/o Water Well Contract	lay/year) . $11/2$ tor's License No.	20/.84	This Water	Well Record wa	and this reco	rd is true to the be on (mo/day/yr)	st of my know	r my jurisdiction and was vivedge and belief. Kansas 2
completed on (mo/o Water Well Contract under the business	lay/year) 11/2 tor's License No. name of Kell	20/84 186 .vs Water Wel	This Water  1 Service	Well Record wa	and this reco s completed by (signa	on (mo/day/yr) ture)	st of my know	r my jurisdiction and was vieldge and belief. Kansas 212/31/84
completed on (mo/o Water Well Contract under the business INSTRUCTIONS: U	tor's License No.  name of Kell se typewriter or ba	20/84 186 ys Water Wel Il point pen, <i>PLEAS</i> !	This Water  1 Service FPRESS FIRMLY	Well Record wa	and this reco s completed by (signa y. Please fill i	rd is true to the be on (mo/day/yr) ture) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	st of my know	r my jurisdiction and was viedge and belief. Kansas12/31/84
completed on (mo/o Water Well Contract under the business INSTRUCTIONS: U	lay/year) . 11/2 tor's License No. name of Kell se typewriter or bases Department of I	20/84 186 ys <b>Water Wel</b> Il point pen, <i>PLEAS</i> I Health and Environm	This Water  1 Service FPRESS FIRMLY	Well Record wa	and this reco s completed by (signa y. Please fill i	rd is true to the be on (mo/day/yr) ture) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	st of my know	r my jurisdiction and was vieldge and belief. Kansas 212/31/84
completed on (mo/o Water Well Contract under the business INSTRUCTIONS: U three copies to Kan	lay/year) . 11/2 tor's License No. name of Kell se typewriter or bases Department of I	20/84 186 ys <b>Water Wel</b> Il point pen, <i>PLEAS</i> I Health and Environm	This Water  1 Service FPRESS FIRMLY	Well Record wa	and this reco s completed by (signa y. Please fill i	rd is true to the be on (mo/day/yr) ture) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	st of my know	r my jurisdiction and was viedge and belief. Kansas12/31/84