	WA	ATER WELL RECO	ORD Form	n WWC-5	KSA 82a-	1212 ID N	lo	0735	<u></u>		
1 LOCATION OF W	ATER WELL:	Fraction		•	Sec	ction Number	Township	Number	Range Number		
County: Ness		SE 1/4	SW 1/4	SW 1/2		6	<u> </u>	B s	R 21 <b>≰</b> /v	٧	
Distance and direction	from nearest to	wn or city street ac	dress of well	if located v	ithin city?						
		miles north				City, K	ansas				
2 WATER WELL OV		Brad Seib									
RR#, St. Address, Bo		211 N Grand	Ave				Poord of /	Narioultura Disi	sion of Water Resourc		
City, State, ZIP Code		Ness City,		60				n Number:	Sion of Water nesourc	<i>,</i> e5	
3 LOCATE WELL'S L	·	A DEPTH OF CO	MADI ETED V	VELL	380	# ELEV/	TION:	Trainber.			
		4 DEPTH OF CC	–	VELL		II. ELEVA	· •				
AN "X" IN SECTION N		Depth(s) Ground	water Encou	ntered 1	n 4 50		t. 2		14/04tt	•	
i i	1	WELLSSIAIIC	NAIER LEV	Well water	yII. Deli	วพาสกัน รับกลัง 1ก() #	e measured on m	boure num	ping15	nm	
I.	1	Fst Vield	p lesi dala.	Well water	was	.1.9.9 II. fi	alter <del></del>	hours pum	ping g ping g	nm	
NW	NE	WELL WATER T					8 Air conditionir			Piii	
1	1	1 Domestic	3 Feedlo		il field wate		9 Dewatering		er (Specify below)		
w	E	2 Irrigation	4 Industr	ial 7 D	omestic (lav	vn & garden)	10 Monitoring we	alllle			
	<u>'</u>										
sw	SE	Was a shomical	hactoriologio	al cample c	ubmitted to	Donartmont?	Voc No X	: If yes mo/	day/yre cample was e	uh	
Trad a distributed basis and the supplier of t									up		
X	1	millou				• •	ater Tren Distince	icu: ico x	110		
S											
5 TYPE OF BLANK			5 Wrought in		8 Concre	ete tile	CASING J		X Clamped		
1 Steel	3 RMP (S		6 Asbestos-6			(specify below	,				
2 PVC	4 ABS		7 Fiberglass			•••••		Threade	ed		
Blank casing diamete Casing height above	r	in. to	300	ft., Dia		in. to	ft., C	ia	in. to	. <b>f</b> t.	
Casing height above	land surface	24	in., weigh	t	2.91		. lbs./ft. Wall thick	ness or guage N	vo21		
TYPE OF SCREEN C	R PERFORATION	ON MATERIAL: 7			7 PV			sbestos-Cemen			
1 Steel 3 Stainless Steel 5 Fiberglass					` '						
2 Brass	4 Galvani	zed Steel	6 Concrete t	tile	9 AB	S	12 No	one used (open	hole)		
SCREEN OR PERFO	RATION OPENII	NGS ARE: 8		5 Guaze	d wrapped		8 Saw cut	1.	1 None (open hole)		
1 Continuous slo		Mill slot		6 Wire v			9 Drilled holes	· ;	(		
2 Louvered shutt		Key punched		7 Torch	cut		10 Other (spec	ify)		. ft.	
SCREEN-PERFORAT			360	ft to	380	# From	•	ft to		f+	
JONELIN-FERI ORA	I LD IM I LAVALO	From	*. <del></del>	ft to		ft From	l	ft to	***************************************	ft.	
GRAVEL PA	ACK INTERVALS	3: From	380	ft. to	60	ft., From	·	ft. to		. ft.	
		From		ft. to		ft., From	١	ft. to	***************************************	.ft.	
6 GROUT MATERI		at cement	2 Cement		3 Bent						
Grout Intervals: Fro	om0	ft. to	) ft., Fro	m	ft. t	o	ft., From	f	t. to	.ft.	
What is the nearest source of possible contamination: 10						10 Lives	tock pens	14 Aba	14 Abandoned water well		
1 Septic tank 4 Lateral lines 7 Pit priv						11 Fuel storage			well/Gas well		
2 Sewer lines 5 Cess pool 8 Sewage					agoon	_			er (specify below)		
-				Feedyard	9	13 Insecticide storage			(open, and,,		
Direction from well? North					How many feet? 100				***************************************	••••	
	1101 6:1	LITUOLOGIO	1.00		FDOM		-	LICOING INTE	70.441.0	_	
FROM TO		LITHOLOGIC	LOG		FROM	то		UGGING INTE	HVALS		
0 5	Topscil	<u>i</u>									
5 50	Clay										
50 110	Black s	shale									
110 335	Clay										
335 340	Sand ro	ock									
340 355	Clay									_	
355 380	Sand Ro	ock									
										_	
									<del></del> -		
	-										
	1										
7 CONTRACTORIO			IONI, This		. (4)	rated (0) ::					
LONTRACTOR'S	OH LANDOWNE	:n 3 CERTIFICATI 4/27/04	IUN: This wa	ier well wa	s (1) constru	uctea, (2) rec	onstructed, or (3)	piugged under	my jurisdiction and water and water and water and belief. Kans	vas	
completed on (mo/day, Water Well Contractor	year)	100	2 -	This 18/-4 1		and this re	cord is true to the	Desi of my know 5/13/6	rledge and belief. Kans )4	sas	
under the business na							(signature)	sel Ka	NT		
INSTRUCTIONS: Use type	pewriter or ball point pe	en. <u>PLEASE PRESS FIF</u>	MLY and <u>PRINT</u>	clearly. Please	ill in blanks, und	derline or circle the	correct answers. Send	top three copies to I	Kansas Department of Health	1	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.