			TER WELL REC	CORD F	orm WWC-5	KSA 82a-					· · · · · · · · · · · · · · · · · · ·
	ON OF WAT		Fraction	<i>e</i> n . 1	ليرم		tion Number		nip Number	=	Number
County: '	LAI		5w 1/4		1/4 nw		32	T	19 s	R 2	7 EM
			wn or city street			within city?	, 0 .	1 = 01			
WATER	WELL OW	VER: O.	~ Rais	1	4 4	1-7	2,5,	1 16-10			
RR#, St. Ad Citv. State,	ldress, Box⊹ ZIP Code	# Diell	07 1. V.S			-		Applica	ation Number	, Division of Wat	
CATE	WELL'S LO	CATION WITH	4 DEPTH OF	COMPLETE	D WELL	34	ft. ELEV	ATION:			
AN "X" IN	SECTION		Depth(s) Grou WELL'S STAT Pu Est. Yield WELL WATEF 1 Domesti 2 Irrigation	Indwater Endic WATER I Jump test dat Jump test dat Jump test dat Jump test dat R TO BE US C 3 Fee D 4 Ind	countered LEVEL 2 a: Well wate n: Well wate ED AS: 5 edlot 6 ustrial 7	1ft. belder was Public water so Oil field water Domestic (lav	ow land surfa	ft. 2	ft. n mo/day/yrhours hours n hours ning 11 g 12 g well	s pumping Injection well Other (Specify	ft. gpn gpn below)
	1	I							-		
	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS			6 Asbestos-Cement 9 Ot			crete tile CASING Jer (specify below)		W	DINTS: Glued Clamped Welded Threaded	
) in to							in. to	
Casing hei	ght above la	nd surface	12	in w	eiaht	250		lbs./ft. Wall th	nickness or au	uage No	0 د و
	•	RPERFORATION	-	,		Ø.			Asbestos-C	•	
1 Steel 3 Stainless Steel									Other (Specify)		
2 Bras	S	4 Galvani	zed Steel	6 Concre	ete tile	9 AB	S	12	None used	(open hole)	
Dont	tinuous slot		Mill slot			zed wrapped wrapped		8 Saw cut 9 Drilled h	oles	11 None (o	. ,
	vered shutte		Key punched	24					• • • • • • • • • • • • • • • • • • • •		
SCREEN-F	PERFORATI	ED INTERVALS								to	
(BRAVEL PA	CK INTERVALS	S: From	20	ft. to	-54	ft Fro	m	ft.	to to	
										to	
	IT MATERIA	L: 1 Nea	at cement	2 Cen	nent grout	3_Ben					
	vals: Fror				From	π. τ				ft. to	
		•	e contamination:					10 Livestock pens		14 Abandoned water well	
-	1 Septic tank 4 Lateral lines				7 Pit privy			11 Fuel storage			
	2 Sewer lines 5 Cess pool				8 Sewage lagoon			12 Fertilizer storage		16 Other (specify below)	
	3 Watertight sewer lines 6 Seepage pit				9 Feedyard			13 Insecticide storage How many feet? / 6			
Direction fr		Part						any feet?	<i>O</i>		
FROM	то		LITHOLOG	IC LOG		FROM	ТО		PLUGGING	INTERVALS	
0	18	700	Soil			-					
18	34	SCIA	9	,							
34	40	m B	RAVE 11								
40	54	SHAI	12								

····											
						-	-				
-											
completed of Water Well	on (mo/day/ Contractor's	year)	ER'S CERTIFIC	06			and this was comple	record is true to eted on (mo/day	the best of m	under my jurisd y knowledge and	d belief. Kans
	ousiness nar		<u> </u>		11			y (signature)	your	Lock	naw
INICTOLIC	TIONS: Use his	overitor or hall point r	on DIEACE BRES	EIDMIN and D	DINT clearly Diag	ee fill in blanke ur	derline or circle	the correct answers	Sond ton three co	onies to Kansas Dena	artment of Health

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMIN</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.