	WAT	TER WELL RECORD	Form WWC-5 KSA 82	a-1212	
1 LOCATION OF WATER W County: Mapher & a	ELL Fraction	Se " ne	Section Number	Township Number	Range Number R E/W
Distance and direction from r	nearest town or city? 🛂		Street address of well i		
	Conway				
2 WATER WELL OWNER: RR#, St. Address, Box #	Jim Sawye	<b>~</b>			
RR#, St. Address, Box # :		Ko			, Division of Water Resources
City, State, ZIP Code :	Conway 1	12,	0 0	Application Number:	0/
B DEPTH OF COMPLETED			•		in. to ft.
Well Water to be used as:	5 Public water	11.7	8 Air conditioning	•	
1 Domestic 3 Feedlot		er supply	_	12 Other (Spec	cify below)
2 Irrigation 4 Industria	ا T Lawn and ga	arden only	10 Observation well	<i>9</i>	A.
				nonth	
Pump Test Data Est. Yield 25	: Well water was. gpm: Well water was			hours pumping	gpm   C
				Casing Joints: Glu	T
1 Steel :	G USED: 3 RMP (SR)	-	9 Other (specify belo		
2 PVC -	A ARC	7 Fiberglass	9 Other (specify belo	Thr	eaded
Blank casing dia	+ ADS in to 61	6 ft Dia	in to	ft Dia	in to ft C
Casing height above land su	rface.	in weight C/	ane 160 h	s /ft Wall thickness or gauge	eaded
TYPE OF SCREEN OR PER		III., Weight .S. 7.	7 PVC	10 Asbestos-cen	
	3 Stainless steel	5 Fiberglass		11 Other (specify	
	4 Galvanized steel	_	9 ABS	12 None used (c	
Screen or Perforation Openin			ed wrapped	•	11 None (open hole)
1 Continuous slot	3 Mill slot		vrapped		11 None (open note)
2 Louvered shutter					
Screen-Perforation Dia	5 in to. 9	6 th Dia			in toft
Screen-Perforated Intervals:	From 66	ft to 9/	ft From	ft to	
Corcon r chorated intervals.					
Gravel Pack Intervals:	From 14	ft. to 96	ft. From		
	From	ft. to			ft.
5 GROUT MATERIAL:		2 Cement grout			· · · · · · · · · · · · · · · · · · ·
					ft. to
What is the nearest source of		•			Abandoned water well
1 Septic tank	4 Cess pool	7 Sewage lago	on 11 Ferti	ilizer storage 15	Oil well/Gas well
2 Sewer lines	5 Seepage pit	8 Feed yard		ecticide storage 16	1.
3 Lateral lines	, 6. Pit privy	9 Livestock per	ns 13 Wat	ertight sewer lines	y
Direction from well	. <b>ω</b>	w many feet 5 0.		r Well Disinfected? Yes	XNo
Was a chemical/bacteriologic	al sample submitted to De	epartment? Yes		٠٥ <b></b>	No. If yes, date sample
was submitted	month	day	year: Pump Install	ed? Yes	No . <b>X</b>
If Yes: Pump Manufacturer's	name		Model No		Volts
Depth of Pump Intake		ft.	Pumps Capacity rated a	t	gal./min. gal./min. g
				constructed or (3) plugged u	under my jurisdiction and was
completed on		month	/ day	<i>g</i> ~ <sub>f</sub>	year
and this record is true to the					المارين
This Water Well Record was	completed on	<i>(</i> 0 m	onth	day 5	year under the business
name of Packh	De Deill	1774	oy (signature)	ul Bashu	
7 LOCATE WELL'S LOCAT		LITHOLOG		ом то	LITHOLOGIC LOG
WITH AN "X" IN SECTION BOX:	JN L Z	TOP SO	i-		
N.	0 10	Pla.			
N N	2 18	Clay			
	10 0	12 - 1 - 1			
	18 85	Bedela	· <del>/</del> · · · · · · ·		·
* w ! !	85 A6	water			
SW SE	85 86	wa ver			4
	86 96	BedSha	. 10	,	
\$	F6 96	nea sha	LIE		
FI EVATION:					
ELEVATION:					
Depth(s) Groundwater Encou					
copies to Kansas Department	of Health and Environmen	se <i>press illinity</i> and <i>PHINT</i> t, Division of Environment.	Water Well Contractors, To	iks, underline or circle the cor opeka, KS 66620. Send one to	WATER WELL OWNER and
retain one for your records.					