	WATER WELL RI	ECORD Form	WWC-5	KSA 82a-1212 ID No. <u>C</u> W				MW04-55			
LOCATION OF WATER County: MCAHERSO		14 NW 14	<b>₩</b> 14		on Number	Town	ship Numb	er S	Range N R		
Distance and direction from	nearest town or city stree	et address of well	if located with	nin city?							
WATER WELL OWNER RR#, St. Address, Box # : City, State, ZIP Code :	1372 7TH A	Ne. KS BGT	7460		1.00	Appli	cation Nu	nber:	ision of Water		
LOCATE WELL'S LOCAT	ION WITH 4 DEPTH OF	COMPLETED Woundwater Encour	VELL								
X	WELL'S STA	TIC WATER LEV Pump test data: gpm: IR TO BE USED to tic 3 Feedlot	EL Well water wa Well water wa AS: 5 Pub t 6 Oil	ft. belowasft. asaslic water su ield water s	v land surfa ft. ft. pply supply	afterafter	on mo/da	y/yrnours pur nours pur nours pur 11 Inje 12 Oth	nping	gpm gpm elow)	
sw s	E Was a chem	Was a chemical/bacteriological sample submitted to Department? Yes No mitted Water Well Disinfe								ole was sub- No	
TYPE OF BLANK CASI	NG USED: 3 RMP (SR)	5 Wrought in		8 Concrete			NG JOINT		Clamp		
1 Steel	6 Asbestos-0 7 Fiberglass		9 Other (specify below)								
Blank casing diameter	2in. to.	6	ft., Dia	// 6	.in. to		ft., Dia		in. to	ft.	
Casing height above land s TYPE OF SCREEN OR PE			t	O DHO	_		thickness IO Asbest				
1 Steel 2 Brass	3 Stainless Steel 4 Galvanized Steel	5 Fiberglass 6 Concrete t		8 RMF 9 ABS	(SR)	1		Specify).	•••••		
SCREEN OR PERFORATION 1 Continuous slot	ON OPENINGS ARE:	o conciolo i	5 Guazed 6 Wire wra	wrapped pped		8 Saw cu 9 Drilled	ıt holes		11 None (ope	·	
2 Louvered shutter SCREEN-PERFORATED IN	4 Key punched	11	7 Torch cu		ft From						
	From		ft. to		ft., Fror	n		ft. to		ft.	
GRAVEL PACK II		.//									
GROUT MATERIAL:	1 Neat cement	2 Cement	grout	3 Bento	nite	4 Other					
Grout Intervals: From What is the nearest source	of possible contamination		m	ft. to		ft., Fror stock pens	n		ft. to andoned wate		
1 Septic tank	4 Lateral lines		Pit privy			storage			well/Gas well		
2 Sewer lines	5 Cess pool		Sewage lag	oon		lizer storage			ner (specify be		
3 Watertight sewer line Direction from well?	es 6 Seepage pit	9	Feedyard			cticide storage any feet?	е				
FROM TO	LITHOLOG	GIC LOG		FROM	TO	iny leet?	PLUGO	ING INT	ERVALS		
0 2 5		BROWN									
2 9.Z =	SILTY CLAY, D	N. BROWN	111/2						1.4		
10.6 11 5	HALE BODOISH	BROWN	ouve						- A		
									- 1/1/		
		All									
		333									
<u> </u>	1 1 1/2////////////////////////////////					W-101-101-101-101-101-101-101-101-101-10					
										200	
						240777					
CONTRACTOR'S OR L completed on (mo/day/year) Vater Well Contractor's Lice under the business name of	9-2-64 ence No 529	T	his Water We	. <i>.</i>	and this r as complet	constructed, of ecord is true to ed on (mo/da (signature)	y/yr)	ged under	r my jurisdicti wiedge and be	on and was lief. Kansas	
INSTRUCTIONS: Use typewriter	or ball point pen. PLEASE PRES			n blanks, under	line or circle th	e correct answers	16		Kansas Departme	ent of Health	

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 to three copies to thinsas Department of Healt 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 constructed well.