		ATER WELL REC	ORD Form WWC-5	KSA 82a-1	212 ID No		
LOCATION OF WA		Fraction 1/4	NW W		tion Number	Township Number T S	Range Number
Distance and direction	from nearest to	wn or city street a	ddress of well if located v	vithin city?		1 / 3	I R /V E/W
14 NOCTA	4 OF IN	TERSECTIO	N-E. GRAN	ite s	1300 R	/	
WATER WELL OV	VNER: Eulz	elia Abk		,			
			ر بر اماماته			Board of Agriculture, Division of Water Resource Application Number:	
LOCATE WELL'S LO							
W	NE E	Pun Est. Yield WELL WATER 1 1 Domestic 2 Irrigation	np test data: Well water gpm: Well water TO BE USED AS: 5 F 3 Feedlot 6 C 4 Industrial 7 D	was was Public water s Dil field water Domestic (law	ft. a upply supply n & garden)	fterhours 8 Air conditioning 11 9 Dewatering 12 10 Monitoring well	pumping
TYPE OF BLANK	CASING USED:		5 Wrought iron	8 Concre	te tile	CASING JOINTS: GIL	ued Clamped
1 Steel 3 RMP (SR) 2 PVC 4 ABS			6 Asbestos-Cement 9 Other (specify be 7 Fiberglass		. , ,		eldedreaded
Blank casing diameter	4 ABS	2 in. to	48 ft. Dia		in to		
Casing height above I		24	in., weight	160		bs./ft. Wall thickness or gu	age No
TYPE OF SCREEN O				PV	\supset	10 Asbestos-Ce	ement
1 Steel 3 Stainless Steel			5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS			11 Other (Specify)	
	2 Brass 4 Galvanized Steel					·	
SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 3 Mill slov			5 Guazed wrapped 6 Wire wrapped			8 Saw cut 9 Drilled holes	11 None (open hole)
2 Louvered shutte		key punched	7 Torch	• •			
GRAVEL PA	ACK INTERVALS						toto
GROUT MATERIA		at cement	2 Cement grout	3 Bent			
			ft., From	ft. to			ft. to
Vhat is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines					10 Livesto		Oil well/Gas well
2 Sewer lines 5 Cess pool			, ,			=	Other (specify below)
3 Watertight sewer lines 6 Seepage pit					13 Insecti	secticide storage	
Direction from well?					How many		
FROM TO		LITHOLOGIC	LOG	FROM	ТО	PLUGGING	INTERVALS
0 15	Clay	(HOLL)					
20 56	Longe	Real S	mad, Shake				
ap su	-	1300,0	ma, orace				,
J CONTRACTOR'S (ompleted on (mo/day/ /ater Well Contractor'	year)	nc 18 20	TON: This water well wa		and this rec	ord is true to the best of my	Inder my jurisdiction and with the wild many leading and belief. Kans
INSTRUCTIONS: Use typ	me of Redi	nger Wel	Service RMLY and PRINT clearly. Please	fill in blanks, und		signature)	les to Kansas Department of Health

INSTRUCTIONS: Use typewriter or ball point pan PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas 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.