4 100471011 05 111	TED WELL		ELL RECORD	Form WWC-5		T		
1 LOCATION OF W		Fraction	M	Sec.	tion Number	Township N	Á	Range Number
County:			ne 1/4	nw 1/4	d.[」 「 	/ s	R / E/N/
Distance and direction	n from nearest town		ess of well if loca	ated within city?				
25 3	W Ca.	nton						
2 WATER WELL O	WNER: Lloyd	l OTTE						
	0x # : 738 P		n e	,		Board of A	ariculture, D	Division of Water Resources
City, State, ZIP Code		ndridge	. Ko	67107		Application		
3 LOCATE WELL'S	OCATION WITH	DEBTH OF COM	DI ETED WELL	41	# FLF\/A	TION	Trambor.	
AN "X" IN SECTION	ON BOX:	DEPTH OF COM	PLETED WELL.		π. ELEVA	HON:		
	9 ! jw							9-22-83
	NE							mping gpm
								mping gpm
• w	L L Bo	ore Hole Diameter	in	to		and	in.	to
W	T I I W	ELL WATER TO E	BE USED AS:	5 Public water	r supply	8 Air conditioning	11 1	njection well
7	1 1	1 Domestic	3 Feedlot	6 Oil field war				Other (Specify below)
	SE	2 Irrigation	4 Industrial			0 Observation we		,
	1 : w	•		_	•			mo/day/yr sample was sub
1		itted	chological samp	ie submitted to De				,
5 TYPE OF BLANK			\A/=====	0.0		er Well Disinfecte		17.
-			Wrought iron	8 Concre				.XClamped
1 Steel	3 RMP (SR)		Asbestos-Ceme		(specify below	•		ed
2_PVC	4 ABS	407	Fiberglass					ded
Blank casing diamete	r		ft., Dia	in. to		ft., Dia	i	n. to ft.
			weight C./	a. 4. 1. 1. 6	? lbs./f	t. Wall thickness	or gauge No	s . <i>J. 9.</i>
TYPE OF SCREEN	OR PERFORATION N	MATERIAL:		7 PV	C	10 Asb	estos-ceme	nt '
1 Steel	3 Stainless st	teel 5	Fiberglass	8 RM	P (SR)	11 Oth	er (specify)	
2 Brass	4 Galvanized	steel 6	Concrete tile	9 AB	S		e used (ope	
SCREEN OR PERFO	RATION OPENINGS	ARE:	5 Ga	uzed wrapped		8 Saw cut	٠,	11 None (open hole)
1 Continuous s	lot 3 Mill s	slot		re wrapped		9 Drilled holes		(opon nois)
2 Louvered shu		punched /		rch cut			٨	
SCREEN-PERFORAT		From	ج ، ft. to		•		•)
JOHELIN-PERIORA	IED INTERVALS.			·				
ODAVEL D	AOK INTERVALO	From	3 ·····π. το	62	π., Fron	n	π. το)
GRAVEL PA	ACK INTERVALS:	_						
		From	ft. to		ft., Fron			
6 GROUT MATERIA	2		ement grout	3 Bento				
1	om ft.		. ft., From	ft.	to	ft., From	. .	. ft. to $\dots\dots$.ft.
What is the nearest s	source of possible cor	ntamination:			_	ock pens	14 At	andoned water well
1 Septic tank	1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage 15 Oil well/Gas well			well/Gas well
2 Sewer lines 5 Cess pool		ool	8 Sewage lagoon		12 Fertilizer storage 16 Other (sp		her (specify below)	
3 Watertight se	wer lines 6 Seepage	e pit	9 Feedyard		13 Insect	icide storage		
Direction from well?	E				How man	y feet? 3-0	9 +	
FROM TO		LITHOLOGIC LOC	à	FROM	ТО		LITHOLOGI	C LOG
0 22	Clay							
	1							
21 34	fine Sa	nd						
,								
34 36	Sand S	tone						
, ,	300778	1016	WE BUILD					
36 46	10/2							AA-Waa
50 70	Liay							
46 60	m a l.	0	/					
90 00	Medio	n Sana						
1.0 1.0	 0, , , , , , , , , , , , , , , , , , ,							
60 62	Shale	·						
100			· · · · · · · · · · · · · · · · · · ·					
			V-11. PINEPASE.					
	OR LANDOVA TELE	OFFITTION TO	This was	(4)			han t	
7 CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION:	This water well	was (1) constru	cted, (2) recor	nstructed, or (3) p	lugged unde	er my jurisdiction and was
7 CONTRACTOR'S completed on (mo/day	y/year)	2,000)		and this recor	d is true to the be	lugged undestof my kee	er my jurisdiction and was
7 CONTRACTOR'S completed on (mo/day Water Well Contracto	y/year)	TRO	This Water	Well Record wa	and this recor	d is true to the be on (mo/ day/y r)	lugged undo	er my jurisdiction and was
7 CONTRACTOR'S completed on (mo/da; Water Well Contracto under the business na	y/year) . 7 d . r's License No ame of Bac	Bhus 5	This Water	Well Record wa	and this recors s completed of by (signate	on (mo/ day/y r) ure)	st of my kgo	wedge and belief. Kansas
7 CONTRACTOR'S completed on (mo/da; Water Well Contracto under the business no INSTRUCTIONS: Use	y/year) . 9	JPO JShuD [nt pen, PLEASE P	This Water	Well Record wa	and this recor s completed of by (signate y. Please fill in	d is true to the be on (mo/day/yr) ure) blanks, underline	or circle the	wledge and belief. Kansas
7 CONTRACTOR'S completed on (mo/da) Water Well Contracto under the business no INSTRUCTIONS: Use	y/year) 9 - 0 r's License No. ame of Bac e typewriter or ball points s Department of Healtl	JPO JShuD [nt pen, PLEASE P	This Water	Well Record wa	and this recor s completed of by (signate y. Please fill in	d is true to the be on (mo/day/yr) ure) blanks, underline	or circle the	wedge and belief. Kansas