			Form WWC-5			
1 LOCATION OF WAT		05 61	4 1	tion Number 2	Township Number	Range Number
		reet address of well if located	/4		T ZU S	R 16 E/W
			F LARNE	D,KS.		
WATER WELL OW	NER: LOUISE KNOO	CHE				
 RR#, St. Address, Box	(#: RT. 1 BOX 👣	\$ 45			Board of Agriculture,	Division of Water Resources
City, State, ZIP Code	: LARNED, KS. 6				Application Number:	
LOCATE WELL'S LO AN "X" IN SECTION	CATION WITH 4 DEPTH	OF COMPLETED WELL	144	ft. ELEVA	TION:	
NW	Depth(s) G WELL'S STNE Est. Yield	roundwater Encountered 1. FATIC WATER LEVEL Pump test data: Well wate	7.7 ft. b r was r was	elow land sur	face measured on mo/day/y iter hours p iter hours p	rgpm umping gpm umping gpm
# W 1		Diameter9in. to				
≥	i 1 1		5 Public water		_	Injection well
SW	SE XXDom				9 Dewatering 12	
!	2 Irriga	ation 4 Industrial mical/bacteriological sample s		-	0 Monitoring well	
<u> </u>	mitted	micai/bacteriological sample s	submitted to D		es; if yes er Well Disinfected? Yes	
TYPE OF BLANK C		5 Wrought iron	8 Concre			ed
1 Steel	3 RMP (SR)	6 Asbestos-Cement		(specify below		ded
XX PVC	4 ABS	7 Fiberglass		-		eaded
Blank casing diameter		124 ft., Dia				
		in., weight				
TYPE OF SCREEN OF	R PERFORATION MATERIA	L:	XX 7 PV	С	10 Asbestos-cem	ent
1 Steel	3 Stainless steel	5 Fiberglass	8 RM	IP (SR)	11 Other (specify)
2 Brass	4 Galvanized steel	6 Concrete tile	9 AB	S	12 None used (o	pen hole)
	NATION OPENINGS ARE:		ed wrapped		8 Saw cut	11 None (open hole)
1 Continuous slot		6 Wire v	• •		9 Drilled holes	
2 Louvered shutte		7 Torch				
SCREEN-PERFORATE		124 ft. to				toft. toft.
GRAVEL PAC		π. το 26 ft. to				
GHAVEE FAC	From		144.			
GROUT MATERIAL:	· · · · · · · · · · · · · · · · · · ·		xx3 Bento			
_		3) ft., From	,,,,			
	urce of possible contamination	•		10 Livest		Abandoned water well
1 Septic tank	4 Lateral lines	7 Pit privy		11 Fuel s	storage 15 (Dil well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage lago	on	12 Fertili:	zer storage 16 (Other (specify below)
3 Watertight sewe	er lines 6 Seepage pit	9 Feedyard		13 Insect	icide storage	. NON E
Direction from well?				How man		
FROM TO	TOP SOIL	OGIC LOG	FROM	то	PLUGGING	INTERVALS
0 3 20	CLAY					
20 40	SANDROCK					
40 104	CLAY					
104 144	CLAY & SANDROCH	STREAKS				
101	OZAT W GARANTON					

CONTRACTOR'S O	R LANDOWNER'S CERTIF	CATION: This water well wa	as 🐧) constru	cted, (2) recor	nstructed, or (3) plugged un	der my jurisdiction and was
completed on (mo/day/y	year) 5. '	13+92		and this recor	d is true to the best of my kr	nowledge and belief. Kansas
Water Well Contractor's	License No462-f	3 This Water We	ell Record wa	s completed of	n (mo/day/yr)	17-9.27
under the business nam		WELL SERVICE		by (signati	~ · · · · · · · · · · · · · · · · · · ·	Cliffern
INSTRUCTIONS: Use type	pewriter or ball point pen. PLEASE P	RESS FIRMLY and PRINT clearly. Ple	ase fill in blanks,	underline or circle	the correct answers. Send top three	copies to Kansas Department
of Health and Environme	ant, Bureau of Water, Topeka, Kansa	as 66620-0001. Telephone: 913-296-5	545. Send one to	WATER WELL OV	VNER and retain one for your record	ds. V