	WATER WELL RECORD	Form WWC-5	KSA 82a-	1212		
LOCATION OF WATER WELL:	Fraction #E 1/4	E-181	tion Number	Township N T タロ	umber S	Range Number
Distance and direction from nearest town						ERSON, KS
WATER WELL OWNER: Jayne RR#, St. Address, Box # : 252 /				Board of A	Agriculture, Div	ision of Water Resource
City, State, ZIP Code : McPlu	reen, Ks 67460			Application	Number:	
TYPE OF BLANK CASING USED:  1 Steel 2 PVC 4 ABS Blank casing diameter Casing height above land surface TYPE OF SCREEN OR PERFORATION 1 Steel 3 Stainless s	DEPTH OF COMPLETED WELL Depth(s) Groundwater Encountered VELL'S STATIC WATER LEVEL Pump test data: Well Est. Yield Sore Hole Diameter Some Hole Diameter Sore Hole Di	water was 5 Public wate 6 Oil field wat 7 Lawn and g 1 pole submitted to De 8 Concre 9 Other	elow land surfice	ace measured or ter	hours pump hours pump hours pump 11 Inj 12 Ott  Inj Welded Threade Welded Threade in. or gauge No. estos-cement er (specify)	ing gpm ing gpm ing gpm o ft. ection well her (Specify below) o/day/yr sample was sub No Clamped to ft.
2 Brass 4 Galvanized		9 AB	S		ne used (open	•
SCREEN OR PERFORATION OPENING: 1 Continuous slot 3 Mill		Sauzed wrapped Vire wrapped		8 Saw cut 9 Drilled holes	1	1 None (open hole)
		orch cut			٨	
GRAVEL PACK INTERVALS:  GROUT MATERIAL: 1 Neat cer  Grout Intervals: From	From	to &	ft., From ft., From	1	ft. to. ft. to	
What is the nearest source of possible co			10 Livesto	ock pens		ndoned water well
Septic tank 4 Lateral		/	11 Fuel s			veli/Gas well
2 Sewer lines 5 Cess p		8 Sewage lagoon		12 Fertilizer storage 16 Other (specify below)		
3 Watertight sewer lines 6 Seepag		_	13 Insecti	icide storage		
Direction from well?	tL		How man	y feet?	00++	
FROM TO	LITHOLOGIC LOG	FROM	то		LITHOLOGIC	LOG
0 3 . Top So.	<u> </u>					
3 7 Clay Bu	<i>FF</i>					
	ty					
33 4607 Sand-Fi	ne_					
	Lay mix					
64 680/Clay. 6	PRAL					
- /   1						
68 90085and-M	Parum		<del></del>			
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	The state of the s					
			$\vdash$			
			LL			
CONTRACTOR'S OR LANDOWNER'S ompleted on (mo/day/year)						my jurisdiction and was ledge and belief. Kansas
Vater Well Contractor's License No	/ <i>38</i> This. Wat	er Well Record wa	s completed o	n (mo/day/yr)	.91-21	
nder the business name of Teter			by (signate		6. 10.1	IRAN
NSTRUCTIONS: Use typewriter or ball po					or circle the	orrect answers. Send tor
hree copies to Kansas Department of Heal						
OWNER and retain one for your records.						