	ER WELL RECORD	Form WWC-5	KSA 82a-	1212 ID	No			
1 LOCATION OF WATER WELL:	Fraction		Sec	ction Number	r Township N	umber	Range Nun	nber
County: Scott	NE 1/4 NE		· · · · · ·	24	T 20	S	R <i>33</i>	E/W)
Distance and direction from nearest town	or city street address	of well if located v	vithin city?					
2 WATER WELL OWNER: Roy D	aque							
RR#, St. Address, Box # : /250/ City, State, ZIP Code : 5coff	5. Hwy. 83 City Ks 1	67871			Application	Number:	Division of Water R	
3 LOCATE WELL'S LOCATION WITH 4	DEPTH OF COMPLE	TED WELL	178	ft. ELE\	/ATION:			
	Depth(s) Groundwater							
	VELL'S STATIC WATE							
	Fump lest d Sst. Yield3.2	uata: well water upm: Well water	was	f	t. after t. after	hours p	oumping	gpm
	Est. Yield gpm: Well water was							
	Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well							
W								
- SW SF Was a chemical/bacterialegical comple submitted to Department? Voc. No. V : If you me/day/yrs comple was sub-								
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was mitted Water Well Disinfected? Yes No								
That is the state of the state								
5 TYPE OF BLANK CASING USED:	E 18/ro	usht iron	8 Concre	ata tila	CACINO IO	INTO: Olivo	ed Clamped	<u> </u>
1 Steel 3 RMP (SR)		ught iron estos-Cement		ete tile (specify belo			dedr	
>€ PVC 4 ABS `	7 Fibe	rglass		· · · · · · · · · · · · · · · · · · ·		Thre	eaded	
Blank casing diameter5	in. to	ft., Dia		in. to	ft., Di	a	in. to	ft.
Casing height above land surface		weight				-	- ,	દ્યો
TYPE OF SCREEN OR PERFORATION MATERIAL:		5 51		C (00)	10 Asbestos-Cement			
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel		5 Fiberglass 6 Concrete tile		MP (SR) S		11 Other (Specify)		
SCREEN OR PERFORATION OPENING				.0		110 doca (op	,	
1 Continuous slot 3 Mill			ed wrapped vrapped		Saw cut 9 Drilled holes		11 None (open h	iole)
	punched	7 Torch			10 Other (specif	y)		ft.
SCREEN-PERFORATED INTERVALS:	From 158	ft. to	178	ft Fro	m	ft. to)	ft.
	From	ft. to		ft Fro	m	ft. to		ft.
GRAVEL PACK INTERVALS: From 25 ft. to 130 ft., From ft. to ft.								
	F10111	II. 10		11., 710	······································	11. 10	,	
6 GROUT MATERIAL: 1 Neat co		ement grout	Bent		4 Other			
Grout Intervals: From5		ft., From	3. <i>0</i> ft. t	o140	ft., From	•••••	ft. to	ft.
What is the nearest source of possible contamination:				10 Livestock pens			14 Abandoned water well	
Septic tank 4 Lateral lines		7 Pit privy		_		15 Oil well/Gas well		
2 Sewer lines 5 Cess pool		8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)		
3 Watertight sewer lines 6 Seepage pit Direction from well?		9 Feedyard			13 Insecticide storage How many feet? /00			*************
FROM TO	LITHOLOGIC LOG		FROM	TO		IGGING IN	TERVALO	
	ETTTOLOGIO EGG		/53	162			-	
2 22 brown Cla	- 4		162		medium to	_		2001001
22 34 gray Cla			177	182	medium to CO Yellow Sha		M., SIKUTI 9	iurej
34 40 brown Cla		····	182	702	black shale			
40 54 madium to	1 .	May streaks	1.02.2		-way	-		
54 62 brown class	4	,						
62 80 fine to med	dium sand, cla	ay streaks						
80 92 brown cla	4	,					DECEN/E	D
	dium sand, cla						RECEIVE	
	Course Sand,	Some Small	graves				ALIC 9 0 201	1/
122 132 gypsum							AUG 3 0 200	J T
132 142 Brown Cla	4 + gypsum	,				DII	REAU OF WA	TER
17 SO Medium 40	course sana						REAU OI W	\; L;\
	1							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)								
Water Well Contractor's Licence No. 532. This Water Well Record was completed on (mo/day/yr)8-16-0.4								
under the business name of	Subun	midwest	11011 1		/ (signature)			
INSTRUCTIONS: Use typewriter or ball point pen. F	PLEASE PRESS FRMLY and	PRINT clearly. Please	fill in blanks. und	lerline or circle t	he correct answers. Send t	op three copies	s to Kansas Department	of Health
and Environment, Bureau of Water, Geology Section records. Fee of \$5.00 for each constructed well.	n, 1000 SW Jackson St., Suite	e 420, Topeka, Kansas	66612-1367. Tel	ephone 785-29	6-5522. Send one to WATE	R WELL OWNE	ER and retain one for you	ır