			ER WELL RECORD	Form WWC-5	KSA 82	a-1212		
LOCATION OF WAT		Fraction			tion Number	1 .		Range Number
County: Staffor			4 Center 1/4 NW		31	<u>T 21</u>	S	R 12 •W
		•	address of well if locate	•				
			n of \$ eward, K	<u>S</u>				
WATER WELL OW		John Hall						
RR#, St. Address, Box		2, Box 40	67520			`	•	Division of Water Resource
City, State, ZIP Code		t Bend, KS		100				39 , 585
AN "X" IN SECTION	CATION WITH BOX:							
N								3
								1.2-3.0-90
💥	- NE							imping gpr
一一个一	1							mping gpr
w 1	E	1						. to
	! !	l .	TO BE USED AS:			8 Air conditioning		Injection well
sw	SE	1 Domestic						Other (Specify below)
1	ī	2 Irrigation	-					
		1	/bacteriological sample	submitted to D				, mo/day/yr sample was su
<u> </u>		mitted				ater Well Disinfected		
TYPE OF BLANK C			5 Wrought iron					d . X Clamped
1 Steel	3 RMP (S	R)	6 Asbestos-Cement					ed
2 PVC	4 ABS		7 Fiberglass					aded
								in. to f
			in., weight 1					o
TYPE OF SCREEN OF				7 PV			estos-ceme	
1 Steel 3 Stainless steel			5 Fiberglass 8 RMP (SR)			11 Other (specify)		
2 Brass	4 Galvaniz		6 Concrete tile	9 AB	S		used (op	•
SCREEN OR PERFOR				zed wrapped		8 Saw cut		11 None (open hole)
1 Continuous slot		Aill slot		wrapped		9 Drilled holes		
2 Louvered shutte		(ey punched	7 Torc					
SCREEN-PERFORATE	D INTERVALS:							· · · · · · · · · · · · · · · · · · ·
								o
GRAVEL PAC	K INTERVALS:							o
						m		0 1
GROUT MATERIAL:			2 Cement grout					
								ft. to
			None within 1,			-		bandoned water well
1 Septic tank 4 Lateral lines						11 Fuel storage 15 Oil well/Gas well		
2 Sewer lines 5 Cess pool			8 Sewage lagoon		_		other (specify below)	
3 Watertight sewer lines 6 Seepage pit			9 Feedyard			•		
Direction from well?		LITUOLOGIC	1.00	50014	How ma		ICCINC 1	NITEDVALO
FROM TO		LITHOLOGIC		FROM	то	PLI	JGGING II	NTERVALS
0 7		op Soil						
7 22		andy Clay						
22 40		n Clay						
40 57	Brown Sa	indy Clay	. 7	+				
57 77			nds					
77 88	Dark Gra							
88 106		to Course S			,			
106 107	Gray Cla	ау						
					ll			7
CONTRACTOR'S O	R LANDOWNE	R'S CERTIFICAT	ION: This water well v	vas (1) constru	cted, (2) reco	onstructed, or (3) pl	ugged und	der my jurisdiction and wa
completed on (mo/day/y	ear)	12-30-	<u> </u>		and this reco	ord is true to the bes	t of my kne	owledge and belief. Kansa
Vater Well Contractor's	License No	138	This Water V	Vell Record wa	s completed	on (mo/day/yr)	11-2	8-11
der the business nam				ven riccord wa		ture) M	be (

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.