		 	WELL RECORD	Form WWC-5				
LOCATION OF Wounty: Staffo:		Fraction NE 1/4	NE 1/4	SW 1/4	tion Number 31	Township Nur		Range Number
	on from nearest town o					∫ т 21	S	R 13W E/W
In Seward		on only street add	ress of well it locat	od within city:				
	WNER: Sherry G	oodno						
	•		ienn					
	Box # : Seward, 1	ransas o	211			-		Division of Water Resource
City, State, ZIP Cod						Application I		
AN "X" IN SECT								
Steel PVC Blank casing diamet Casing height above	WE ESI BOWE CASING USED: RMP (SR) ABS Ser	Pump to Pump t	WATER LEVEL est data: Well war gpm: Well war in. to	20. ft. b ter was ter was 5. 60 5 Public wate 6 Oil field wa 7 Lawn and g submitted to De 8 Concre 9 Other	elow land sur tt. a tt. a tt. a ft., r supply ter suppl	face measured on rafter	no/day/yr hours pu hours puin. 11 12; If yes, Yes TS: Gluec Welde Threa	mping gpm mping gpm to ft. Injection well Other (Specify below) mo/day/yr sample was sub No L Clamped ed in to ft.
1 Steel	3 Stainless ste		5 Fiberglass		P (SR)			
2 Brass	4 Galvanized		Concrete tile			12 None	• • • • • • • • • • • • • • • • • • • •	
	ORATION OPENINGS			zed wrapped	3	8 Saw cut	useu (op	11 None (open hole)
1 Continuous				wrapped		9 Drilled holes		11 None (open note)
2 Louvered sh			7 Torc	• •				
								o
OCCEP-PERFORM								o
GRAVEL F	PACK INTERVALS:	From	$\dots 10 \dots$ ft. to .	60	ft., Fro	m	ft. to	o
CDOLE MATERI		From						o ft.
GROUT MATERI			Cement grout					
		_	π., From	π.				. ft. to
	source of possible con							pandoned water well
1 Septic tank	4 Lateral li		7 Pit privy			storage		
2 Sewer lines	5 Cess poo		8 Sewage laç	goon		zer storage	16 O	ther (specify below)
3 Watertight se	ewer lines 6 Seepage	pit	9 Feedyard		13 Insec	ticide storage .		
Direction from well?					How mai	ny feet? 75		
FROM TO		<u>LITHOLOGIC LO</u>)G	FROM	то	L	THOLOG	IC LOG
0 37	Clay							
37 60	Sand and Gra	vel						

			The second secon					
								- ALLES - WE LAMP.
		A						
CONTRACTOR'S	OR LANDOWNER'S							er my jurisdiction and was
	ay/year) .8/.16/84 .							wledge and belief. Kansas
	or's License No			Well Record wa				
nder the business i	name of Kellys W	ater Well	Service		by (signat	ure) Devry	Son	
NSTRUCTIONS: Us	se typewriter or ball poin	t pen, <i>PLEASE</i>	<i>PRESS FIRMLY</i> at					correct answers. Send top
ree copies to Kans	as Department of Health one for your records.	and Environmer	nt, Division of Enviro	nment, Environr	nental Geolog	y Section, Topeka, K	.S 66620.	Send one to WATER WELI