•		WATER \	WELL RECORD F	Form WWC-5	KSA 82	-1212	
1 LOCATION OF		Fraction		1	tion Number	Township Number	
	Pawnee ction from nearest town	NE 1/4 N		1/4	14	т 21	S R 17 XXW
		-		-	1		
	ox. 2½ miles r OWNER: Paul Ye		miles west c	or Larne	7		
RR#, St. Address		_				Board of Agricu	ultura Divinian of Mater Beauty
	ode : Larned					•	ulture, Division of Water Resource: mber: not required
7	'S LOCATION WITH 4			71	# ELEV/		HIDEL HOU LOQUELLOU
AN "X" IN SEC							ft. 3
7							/day/yr 6-12-84
	1 1 1 1						urs pumping gpm
NW	NE  Es						ours pumping gpm
<u>.</u>							in. to
# w   -		ELL WATER TO		Public water		8 Air conditioning	
	',	1 Domestic	3 Feedlot 6	Oil field wa	ter supply	9 Dewatering	12 Other (Specify below)
		2 Irrigation					
ļ <u> </u>	W	as a chemical/bac	teriological sample su	bmitted to De	epartment? Y	esNoX	; If yes, mo/day/yr sample was sub
		itted				ter Well Disinfected? \	
	NK CASING USED:		Wrought iron			-	: Glued
1 Steel	3 RMP (SR)		Asbestos-Cement		(specify below		Welded
2 PVC	4 ABS						Threaded
Casing beight abo	ve land surface	24 in	woight	in. to	lbo	π., Dia	In. to ft.
	N OR PERFORATION N		, <del>wo</del> ignt	7 <u>PV</u>		10 Asbesto	·
1 Steel	3 Stainless st		Fiberglass		<del>V</del> IP (SR)		pecify)
2 Brass	4 Galvanized		Concrete tile	9 AB		•	sed (open hole)
SCREEN OR PER	RFORATION OPENINGS	ARE:	5 Gauze	wrapped		8 Saw cut	11 None (open hole)
1 Continuous	s slot 3 Mill s	slot_	6 Wire w	rapped		9 Drilled holes	,
2 Louvered s	shutter 4 Key	punched	7 Torch	cut		10 Other (specify)	
SCREEN-PERFOR	RATED INTERVALS:	From 4	6 ft. to	. 7.1	ft., Fro	m	ft. to
		From	ft. to		ft., Fro	m	ft. to
	. PACK INTERVALS:				ft., Fro	m	ft. to
T	lar fill	From 1			ft., Fro		
GROUT MATE			Cement grout				
			. ft., From 34	Ŀ ft.			ft. to
1 Septic tank	st source of possible cor k 4 Lateral li		7 Pit privy				14 Abandoned water well 15 Oil well/Gas well
2 Sewer line	-		8 Sewage lagor		11 Fuel	storage izer storage	16 Other (specify below)
	sewer lines 6 Seepage		9 Feedyard	<i>,</i> , , , , , , , , , , , , , , , , , ,		ticide storage	16 Other (specify below)
Direction from well		-	o i coayara		How ma	•	100
FROM TO		LITHOLOGIC LO	<b>3</b>	FROM	TO		OLOGIC LOG
0 27	Topsoil &	brown clay					
27 46	Yellow san	dstone w/st	reaks of gray	<b>.</b>			
		Dakota cla			<u> </u>		
46 53		brown sands					
*************	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<u> </u>	<b>XXXXXXXXX</b> X				
F7 60	XXXXXXX		-C 111				
53   60			of hard and				
60 71	soft sands		ot of olar-				· · · · · · · · · · · · · · · · · · ·
60 71	streaks	stone w/a 1	or or cray	-			
	SUCANS						
		***************************************					
						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	:						
Z CONTRACTOR	R'S OR LANDOWNER'S	CERTIFICATION	This water well was	(1) construi	ted (2) room	netructed or (2) slugge	ed under my jurisdiction and was
completed on (mo/	/day/year)6-	-12-84					my knowledge and belief. Kansas
Water Well Contra	ctor's License No	185	This Water We	 Il Record wa	s completed :	on (mo/day/vr)	my knowledge and belief. Kansas
	s name of Clarke W			<del>W</del> a		ture)	Malle
INSTRUCTIONS: U	Use typewriter or ball poir	nt pen, <i>PLEASE P</i>	RESS FIRMLY and	PRINT clearly	y. Please fill in	blanks, underline or ci	rcle the correct answers. Send top
three copies to Kan	nsas Department of Health	n and Environment	, Division of Environm	ent, Environr	mental Geolog	y Section, Topeka, KS 6	66620. Send one to WATER WELL
UWNEH and retail	n one for your records.						