				R WELL RECORD	Form WW				
T) -	F WATER WE wnee	LL:	Fraction SE	SE _{1/4}	SW 1/4	Section Number	Township Number	Range Number R 18W E/W	
ounty: Distance and di			vn or city street a	address of well if locat		y?	5	I N E/W	
	LL OWNER:								
WAIEH WE	ss, Box # :	923 To	peka				Board of Agricultur	re, Division of Water Resources	
city, State, ZIP	Code I	Larned	, Kansas	67550			Application Number		
			i - I	COMPLETED WELL.	100	# ELEV	linknown		
AN "X" IN S	ECTION BOX:		Depth(s) Ground WELL'S STATION	dwater Encountered WATER LEVEL	1. 52 42± _f	ft. t. below land su	2	t. 3	
N	W NI		Est. Yield 6	O gpm: Well wa	ter was	ft	after hours	pumping gpm pumping gpm .in. to	
w	1	E	l .	TO BE USED AS:		ater supply		11 Injection well	
:	i	1 1	1 Domestic			• • •	9 Dewatering	•	
s\	/ SE		2 Irrigation			• • •	_		
	v i		•					yes, mo/day/yr sample was sub-	
. <u> </u>	<u> </u>		mitted	3			ater Well Disinfected? Yes		
TYPE OF BI	ANK CASING	USED:		5 Wrought iron	8 Co	ncrete tile	CASING JOINTS: G	lued Clamped	
1 Steel		RMP (SI	R)	6 Asbestos-Cement	9 Oth	er (specify belo		/elded	
2 PVC		ABS	•	7 Fiberglass			·	hreaded	
	ameter	5	.in. to . 80	ft., Dia	in.	to	ft., Dia	in. to ft.	
								_{в No.} Sch., .40	
	EEN OR PERF			. •		PVC	10 Asbestos-c		
1 Steel						RMP (SR)			
2 Brass				6 Concrete tile	•		12 None used (open hole)		
CREEN OR P	ERFORATION	OPENIN	IGS ARE:	5 Gau	zed wrapped	i	8 Saw cut	11 None (open hole)	
1 Continu			lill slot		wrapped		9 Drilled holes	` ` `	
2 Louvere		4 K	ey punched		h cut		10 Other (specify)		
	EL PACK INT		From	20 ft. to ft. to ft. to ft. to	100	ft., Fro ft., Fro ft., Fro	om	ft. to	
GROUT MAT rout Intervals:		1 Neat o		2 Cement grout ft., From		ntonite. 4 t. to	Other	ft. toft.	
_		•	contamination:					4 Abandoned water well	
_				7 Pit privy					
2 Sewer lines 5 Cess pool				8 Sewage lagoon			12 Fertilizer storage 16 Other (specify below)		
3 Watertig	tht sewer lines		age pit	9 Feedyard		13 Inse	cticide storage		
Direction from v	10II:	South					any feet?	150	
	0 01-		LITHOLOGIC	LOG	FROM	і то	PLUGGIN	G INTERVALS	
	8 Clay								
78 10	o sand	l rock							
mpleted on (r	no/day/year)	7/12/9	3			. and this rec	ord is true to the best of my	under my jurisdiction and was knowledge and belief. Kansas	
				11 Service, I		by (signature)	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `) le de de	
			•				le the correct answers. Send top the	- xvac	
ILIOTAL IOTICS			THE PERSON NAMED IN		HASH III ID DIAC	s consening of cife	ie liie cuitect answers. Send tod t	I MANUTARIA I DEPORT I AND TOTAL	