			ATER WELL REC	ORD Forr	m WWC-5	KSA 82a-	1212 ID No						
LOCATION OF WATER WELL: Fraction				_	i	ction Number		Township Number			Range Number		
	Kice			NW 1/4			22	т 2/	S	R	8	E(W)	
Distance a	nd direction		wn or city street a										
a WATER	R WELL OW		336 E			STE	rling						
		<u> </u>	hannon						5				
City, State,	ddress, Box ZIP Code	: (36 E terling	Monro	675	79		Application					
AN "X" IN	WELL'S LO	BOX:	Depth(s) Grour WELL'S STATION Put Est. Yield WELL WATER 1 Domestic	dwater Encou C WATER LEV mp test data: gpm: TO BE USED 3 Feedlo	wintered 1 VEL	wasublic water s	ft. bw land surface ft. a supply r supply	2e measured on m fiter	ft. 3 o/day/yr hours po hours po g 11 In 12 O	3 - / umping umping jection we ther (Spe	ell cify belo	ft. gpm gpm	
mitted				al/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub- Water Well Disinfected?									
		CASING USED:		5 Wrought i		8 Concre		CASING JO			•		
1 Stee		3 RMP (S 4 ABS	iR)	6 Asbestos- 7 Fiberglass			(specify below)						
			in. to					ft., D					
								lbs./ft. Wall thickn					
_	-	R PERFORATIO	_			(DPV			bestos-Cem				
1 Steel 3 Stainless Steel							MP (SR)		(Specify)				
2 Brass 4 Galvanized Steel SCREEN OR PERFORATION OPENINGS ARE:				6 Concrete tile 9 ABS 5 Guazed wrapped			35	12 None used (open hole) (8 Saw cut 11 None (open hole)					
	tinuous slot		Mill slot		6 Wire v			9 Drilled holes			` '	,	
2 Lou	vered shutte	er 4 K	Key punched		7 Torch			10 Other (speci	• ·				
SCREEN-F	PERFORATI	ED INTERVALS											
,	DD 4451 DA	OK INTERVAL	From	1 0	ft. to	75	ft., From		ft. to			ft.	
,	SHAVEL PA	CK INTERVALS	From	3.9	π. το ft. to	54	ft., From		ft. to				
						_							
6 GROU	IT MATERIA	L: 1 Nea	at cement	2 Cemen	t grout ጊ	Ben	tonite 4	Other ft., From					
				⊀. ft., Fr	om								
What is the nearest source of possible contamination:				7 Dit autien.			10 Livest		14 Abandoned water well				
1 Septic tank 4 Lateral lines				7 Pit privy			12 Fertili:		15 Oil well/Gas well16 Other (specify below)				
2 Sewer lines 5 Cess pool Watertight sewer lines 6 Seepage pit				8 Sewage lagoon 9 Feedyard			13 Insect	10 0	16 Other (specify below)				
Direction from well?				9 Feedyald				How many feet? 70			•••••		
FROM	TO	<u> </u>	LITHOLOGIC	CLOG		FROM	TO		UGGING IN	TERVALS	3		
0	10	BK S	:1+			1110111				1 21 (17 (2)			
	1V	Br Cl	1011										
2/4	35		Sand + C	2-0481	,								
35	39	Grev	Clar	<u></u>									
39	54	Br Sa		ra ve/									
7													
completed of Water Well	on (mo/day/y Contractor's	rear)3 Licence No	-14-05 447				and this re was complete	constructed, or (3) cord is true to the lid on (mo/day/yr) . signature)	oest of my kr	owledge	and beli		
	usiness nam	/ (/	(ler Dr.		Clearly Please	fill in blanks, un		correct answers. Send	top three copies	to Kansas I	Department	t of Health	

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, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.