	WATER WELL RECO	ORD Form WWC-5	KSA 82	a-1212 ID No.	•		
1 LOCATION OF WATER WELL:	Fraction			ection Number	Township Number	Range Number	
County: Harvey	NW1/4	Sw 1/4 Sw	1/4	10	T 22 S	R 2 EW	
Distance and direction from nearest	town or city street ac	ddress of well if located	within city?				
	50	9 wedge	W 130 M	CY in	Herry		
2 WATER WELL OWNER:	Patric .	Moure	<del></del>	-, ,-(	11033704		
RR#, St. Address, Box # :		de wood	7		Deput of Accidents	51 1 1 2 1 1 1 m	
City, State, ZIP Code	Hosek	V . / 70/	^		Application Number	Division of Water Resource	
3 LOCATE WELL'S LOCATION WIT	U 4 DEPTH OF C	MPI ETED WELL	1.4	# ELEVATI	ION:	100	
AN "X" IN SECTION BOX:	Don'th (a) Correct	buston E	<i>©[</i>	π. ELEVAII	ION:		
N	Depth(s) Ground	Water Encountered	1 3 4.6	ft. 2	2 ft. 3	3ft.	
1	Pum	n test data: Well wate	arwas (	iow land surface	measured on mo/day/yr ter hours p	0 18:03	
	Est. Yield3.	gpm: Well wate	erwas	ft aft	ter hours p	oumpinggpr	
NW NE	WELL WATER T	O BE USED AS: 5	Public water	supply 8	8 Air conditioning 11 I	njection well	
	1 Domestic	3 Feedlot 6	Oil field water	er supply 9	9 Dewatering 12 (	Other (Specify below)	
W	2 Irrigation	4 Industrial	₽omestic (la	ıwn & garden) 10	0 Monitoring well		
-SWSE	Was a chemical/	bacteriological sample	submitted to	Denartment? Vo	es; If yes, r	00/d01//100 000010 110	
	mitted	automorogradi admpie	oublinitied to	Wat	er Well Disinfected? (es)	No	
				774	or won Blamedica! (e3)	NO	
5 TYPE OF PLANK CACING LICE							
5 TYPE OF BLANK CASING USE 1 Steel 3 RMP		5 Wrought iron	8 Conc			d Clamped	
		7 (-1)		(specify below)		Welded	
Blank casing diameter 6	in to	ار المالية الم	••••••		Thre	aded	
Blank casing diameter	ا۱۱۱، ۱۵ه ۱۲	2.3 π., Dia	••••••	in. to	ft., Dia	ft	
Casing height above land surface		in., weight		lb			
TYPE OF SCREEN OR PERFORAT			(7)P'		10 Asbestos-Cen	nent	
				MP (SR)	P (SR) 11 Other (Specify)		
		6 Concrete tile	9 AI	38	12 None used (or	en hole)	
SCREEN OR PERFORATION OPE	VINGS ARE:	5 Guaz	zed wrapped		8 Saw cut	11 None (open hole)	
1 Continuous slot 3 Mill slot			6 Wire wrapped		9 Drilled holes		
2 Louvered shutter 4	Key punched	7 Torch		•	10 Other (specify)	ft	
SCREEN-PERFORATED INTERVAL	S: Froma	2.5 ft. to	34	ft From	ft. to	f+	
-	From	ft. to		ft., From	ft. to	ft	
GRAVEL PACK INTERVAL	_S: From	2.2ft. to	34	ft., From	ft. to	ft	
	From	ft. to		ft., From	ft. to	ft	
6 GROUT MATERIAL: 1 No	eat cement	0.0					
	ar cement	2 Cement grout	<b>③</b> Ber	itonite 4 (	Other	••••••••••••••••••••••••••••••••	
What is the persent source of results	II. 10 🛵 🛼	π., From	ft.	to	ft., From		
What is the nearest source of possible contamination:				10 Livestoo	ck pens 14 A	bandoned water well	
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel sto	rage 15 C	il well/Gas well	
2 Sewer lines 5 Cess pool		8 Sewage lagoon		12 Fertilizer storage 16 Other (specify below		ther (specify below)	
Watertight sewer lines 6 Seepage pit		9 Feedyard	9 Feedyard		13 Insecticide storage		
Direction from well? 5			How many feet? 4.5				
FROM TO	LITHOLOGIC L	.OG	FROM	то	PLUGGING IN	TERVALS	
0 5 Cr (	1/0.				1 Lodding in	TETTVALO	
5 28 Rocky	D C/2	70					
28 32 F-M	Br Clay Sand					*	
32 64 Shal	<u> </u>		ļ		The state of the s		
	***						
		*					
		100					
			-				
						786	
CONTRACTOR'S OR LANDOWN	ER'S CERTIFICATION	ON: This water well we	s (1) constr	icted (2) recens	truotod or (2) plusaria i	av mir linde state	
CONTRACTOR'S OR LANDOWN completed on (mo/day/year)	-18-03	This water well we	CONSTI	and this ross	distructed, or (3) plugged and	er my jurisdiction and was	
Vater Well Contractor's Licence No	447	Thie Water	Well Record	and this recor	on the fourth pest of my known (modes)	owiedge and belief. Kansas	
inder the business name of	Miller Dr	illia vvaler	· ven Hecold	was completed 0	on (mo/day/yr)	*	
					nature) Emile		
INSTRUCTIONS: Use typewriter or ball point and Environment, Bureau of Water, Geology 9	pen. <u>PLEASE PRESS FIRM</u> Section: 1000 SW, Jackson S	<u>1LY</u> and <u>PRINT</u> clearly. Please	fill in blanks, und	derline or circle the corr	rect answers. Send top three copies	o Kansas Department of Health	

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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.