	WATE	R WELL RECORD	Form WWC-5	KSA 82a-		
LOCATION OF WATER WEL	1 00	SE 1/4		tion Number	Township Number T 23 s	Range Number
County: Pawnee Distance and direction from nea	rest town or city street a			3	T 23 S	R I'/W E/W
2 E, 4 3/4 S of Ga:		20.033 O. Woll II 100010	a wantanii ony .			i
WATER WELL OWNER: Ha		Sterling Dr	illing		Mille	r 2-23
RR#, St. Address, Box # : Ga		Box 129	Ū			e, Division of Water Resources
City, State, ZIP Code : 6'		Sterling, K	ansas 67	579	Application Number	r: T86-365
LOCATE WELL'S LOCATION AN "X" IN SECTION BOX:	Depth(s) Ground	water Encountered 1		ft. 2.	f	t. 3
2 PVC 4 A Blank casing diameter 5. Casing height above land surface	Pump Est. Yield Bore Hole Diame WELL WATER T 1 Domestic 2 Irrigation Was a chemical/I mitted USED: RMP (SR) ABSin. to	b test data: Well watergpm: Well waterin. to WELL USED AS: NAS 3 Feedlot 4 Industrial pacteriological sample so the second of the secon	or was	ft. aff ft. aff ft.,	ter hours ter hours ter hours nd hours	lued Clamped
TYPE OF SCREEN OR PERFO	PRATION MATERIAL:		7 PV	-	10 Asbestos-ce	
1 Steel 3 Stainless steel		5 Fiberglass 8 RMP (SR)		P (SR)	11 Other (specify)	
	Salvanized steel	6 Concrete tile	9 AB	3	12 None used	` '
SCREEN OR PERFORATION O			ed wrapped		8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot		wrapped		9 Drilled holes	(
2 Louvered shutter SCREEN-PERFORATED INTER	4 Key punched	7 Torch			` ' ' ' '	t. toft.
GRAVEL PACK INTER	From	ft. to		ft., From	1	t. toft.
a analit material	From	ft. to	0.0	ft., From		t. to ft.
_		2 Cement grout				
Grout Intervals: From6 What is the nearest source of p		n., Fiom	II.	10 Livesto		Abandoned water well
•		7 Pit privy			torage 15	
·	5 Cess pool	8 Sewage lag				
3 Watertight sewer lines	•	9 Feedyard	5011			Other (specify below)
-	· = ·	5 i oo uyalu		How man	, ,	
FROM TO	outh LITHOLOGIC	LOG	FROM	TO		OGIC LOG
	and and Gravel					OGIC LOG
	lay					
6 3 C	ement					
						P
						\
CONTRACTOR'S OR LAND completed on (mo/day/year)	2/25/87186 No186 Gelly's Water We	This Water W 11 Service		and this recor s completed o by (signati	d is true to the best of my in (mo/day/yr)ure)	knowledge and belief. Kansas 10/2/87
INSTRUCTIONS: Use typewriter or Department of Health and Environr records.	ball point pen. PLEASE PRES	SS FIRMLY and PRINT clea	arly. Please fill in I 0-7320, Telephor	planks, underline le: 913-862-9360	or circle the correct answers. One to WATER WELL	Send top three copies to Kansas OWNER and retain one for your