1 LOCATIO	ON OF WA	TER WELL:	Fraction	JOHD	FORM WWC-5		tion Number		Number	Range Numl	ber	
	tarver		5W 1/4	NW	NE	- ,	36	T 2	-	R 03	EMQ	
			own or city stree	+ addrage	of well if least	od within ci			<u> </u>	I R U J		
			· 1 4					m Fa	-			
trom	Parr	ton KS			south	and	2/2	2 m + a	51			
2 WATER	WELL OW	NER: Mar	vin L. Bae	hr ,								
RR#, St. A	ddress, Box	# : 1401	Berry,		enue			Board of	Agriculture, D	Division of Water	Resources	
City, State,	ZIP Code	New	ton k	.s e	67114-		•			20,55.	2	
3 LOCATE	WELL'S LO	CATION WITH	4 DEPTH OF	COMPLET	ED WELL	1.4.5	ft. ELEV	ATION:				
AN "X" I	N SECTION	N BOX:						t. 2				
- -	<u> </u>		WELL'S STATIC	WATERI	EVEL 32	ft. beld	w land surfa	ce measured on n	no/day/yr	9-14-6	?	
1			Pun	np test da	ta: Well water	was	ft.	after	hours p	oumping	gpm	
NW X-NE Est. Yieldgpm: Well water wasft. after hours pumping											gpm	
Bore Hole Diameterin. toft., andin. to									in. to	ft.		
© WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well												
7	1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify t								, Other (Specify belo	ow)		
	SW SE 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well											
†	Was a chemical/bacteriological sample submitted to Department? Yes No , If yes, mo/day/yrs sa								\sim			
	S	1	mitted					er Well Disinfecte		No.		
		ASING USED:			ht iron					ed Clampe	1	
1 Stee		3 RMP (SI	R) (tos-Cement		(specify below)	•		ded		
2 PVC		4 ABS		7 Fiberg						aded		
Blank cas	ing diamete	r <i>[.ਉ</i>	in. to		ft., Dia	ii	n. to			in. to	,	
Casing he	eight above	land surface		in., weight			Ibs	s./ft. Wall thicknes	ss or gauge N	lo		
Casing height above land surface										ient		
1 Stee	1 Steel 3 Stainless steel 5 Fiberglass						1P (SR)		11 Other (specify)			
2 Brass 4 Galvanized steel 6 Concrete tile						9 AB	S	12 N	12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauze								8 Saw cut		11 None (open	hole)	
1 Continuous slot 3 Mill slot 6 Wire wi								9 Drilled hole				
	vered shutte		ey punched		7 Torch				= -			
SCREEN-PERFORATED INTERVALS: From												
From. ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From. ft. to ft., From ft. to ft.												
	GRAVEL P	ACK INTERVAL	LS: From		tt. to	• • • • • • •	ft., Fro	m	π. τ • •	0	π.	
	MATERIA			_	nt grout	3 Bento						
Grout Int	ervals: Fro	om	ft. to	ft.	, From		. to	ft., From		ft. to	ft.	
What is the nearest source of possible contamination:							10 Livestock pens 14 Abandoned water well				vell	
1 Sep	tic tank	4 Later	ral lines 7 Pit privy				11 Fue	l storage	15 Oil well/Gas well			
2 Sew	er lines	5 Cess	pool 8 Sewage			agoon	12 Ferf	tilizer storage	16 Other (specify below)			
3 Wat	ertight sewe	er lines 6 Seep	age pit	oit 9 Feedyard			13 Inse	cticide storage	de storage			
Direction	from well?						How m	any feet?				
FROM	ТО		LITHOLOGIC L	OG		FROM	то	F	LUGGING IN	NTERVALS		
						B	3	TO0501	-/			
						3	20		· ·			
		nı				3 a	30 32	Gemen Bento				
		Plusa	- a Ke	nact	<u>' </u>	32	1111					
	 	1 ragg	ing ry	101	·	32	145	Grave				
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	ļ	<u> </u>										
			······································									
					-							
7 CONTR	ACTOR'S	OR LANDOWNE	R'S CERTIFICA	TION: This	water well wa	as (1) const	ructed, (2) re	econstructed, or	3) plugged un	der my jurisdiction	n and was	
completed	on (mo/day	/year) . 9.7.	15-01							owledge and belie		
Water We	Contractor	's Licence No	238		This Water We	II Becord w	as complete	d on (mo/day/yr)	9-21	2-01		
	business na					, 100014		signature)	1.1.			
			riger.					·	y W.In	my .		
INSTRUC	TIONS: Use type	ewriter or ball point pe	n. PLEASE PRESS FI	RMLY and PR	INT clearly. Please	ill in blanks, und	lerline or circle the	e correct answers. Send	top three copies to	o Kansas Department of	Health and	

Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone 785-296-5524. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.