		WATE	R WELL RECORD	Form WWC-5	KSA 82a	-1212	
LOCATION OF W	TER WELL:	Fraction			ction Number	Township Numbe	r Range Number
County: Re	110	NLUVA	NW 1/4 NE	= 1/4	18	T 24	S R 7 EAR
Distance and directio	n from nearest to	wn or city street a	ddress of well if locate	d within city?			
		Partzu	le				
WATER WELL O	WNER:	Hirome	e Lwashig	e			
RR#, St. Address, B		Rt 1	•				Iture, Division of Water Resource
City, State, ZIP Code	:	Partri	dae, KS	67566	5	Application Nun	nber:
LOCATE WELL'S	LOCATION WITH	4 DEPTH OF C	OMPLETED WELL	55	. ft. ELEVA	TION:	
AN "X" IN SECTION	N BOX:						. ft. 3
т Г		WELL'S STATIC	WATER LEVEL	3 ft. b	elow land su	face measured on mo/	day/yr
							urs pumping
NW							urs pumping gpm
	╋╍ ╸┇ ╺╍╼┫╒			5 Public wate		8 Air conditioning	11 Injection well
- i	i	Domestic				9 Dewatering	12 Other (Specify below)
SW	SE	2 Irrigation				10 Observation well	
		-			- ·		If yes, mo/day/yr sample was sub
<u> </u>	Ļ	mitted	bacteriological sample :			ter Well Disinfected?	
TYPE OF BLANK			5 Wrought iron	8 Concr			Glued Clamped
1 Steel	3 RMP (S	D)	6 Asbestos-Cement		(specify below		Welded
REVC	4 ABS		7 Fiberglass				Threaded.
		in in 45					in. to ft.
							uge No. 5 ch. 40
TYPE OF SCREEN				Ø		10 Asbestos	
1 Steel					IP (SR)		oecify)
2 Brass	3 Stainles 4 Galvani		5 Fiberglass 6 Concrete tile	9 AB			ed (open hole)
SCREEN OR PERFO							11 None (open hole)
1 Continuous s		fill slot		ed wrapped		BSaw cut 9 Drilled holes	TT None (open noie)
				wrapped			
2 Louvered shu		(ey punched	לא ⁷ Torch			••••••	. ft. to
SCREEN-PERFORA	ED INTERVALS.						
	ACK INTERVALS	From	40 4 4	5-8		m	. ft. to
GRAVEL P	ACK INTERVALS						
	L: Neat	From		2 Boots		m Other	<u></u>
Grout Intervals: Fr		# to 13	2 Cement grout	3 Bento	to	# From	ft. to
What is the nearest			···· ··· ··· ··· ··· ··· ··· ··· ··· ·	· · · · · · · · · · · · · · · · · · ·		tock pens	14 Abandoned water well
~			7 Dit priva			•	15 Oil well/Gas well
Septic tank 4 Lateral 2 Sewer lines 5 Cess p					11 Fuel storage 12 Fertilizer storage		
2 Sewer lines		•	8 Sewage lag 9 Feedvard	oon		•	16 Other (specify below)
-	wer lines 6 See	bage pit	9 Feedyard			ticide storage	
Direction from well? FROM TO	NE	LITHOLOGIC	106	FROM		ny feet? 55	OLOGIC LOG
0 22	Rn O	Ky Clay		111011	<u> </u>		
22 60	A aci	y cray					
da 60					++		
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CONTRACTOR'S	OR LANDOWNE	R'S CERTIFICAT	ION: This water well w	as Dconstru	icted, (2) reco	onstructed, or (3) pluga	ed under my jurisdiction and wa
							my knowledge and belief. Kansa
						on (mo/day/yr) 12	
under the business n					by (signa		miller
INSTRUCTIONS: Use	typewriter or ball poi	nt pen. PLEASE PRE	SSFIRMLY and PRINT clea	arly. Please fill in	blanks, underlin	e or circle the correct answe	ers. Send top three copies to Kansas
Department of Health	and Environment, Bu	reau of Water Protec	tion, Topeka, Kansas 6662	0-7320, Telepho	ne: 913-862-936	60. Send one to WATER W	ELL OWNER and retain one for your
records.							