			ATER WELL RE	CORD Form WWC-5	KSA 82a-	1212 ID No.			
		TER WELL:	Fraction			ction Number	Township Number	Range Number	
		X Edwards	NE _{1/2}			5	<u>т</u> 25 s	R 18 K/w	
				address of well if located					
				outh side of roa	ad				
2 WATE	R WELL OW	NER: Rod St	trate						
	Address, Box e, ZIP Code		, Ks. 6755	52			Board of Agriculture, I	Division of Water Resources	
		· LCWID	DEPTH OF	COMPLETED WELL	78	# ELE\/ATI/	Application Number.		
	E WELL'S LO N SECTION		Dopth(s) Grou	industry Engagetered		II. ELEVAIR	الاستان المالية		
	N OLO HOL		WELL'S STAT	IC WATER LEVEL 4	7 ft bel	π. 2 ow land surface :	π. τ	3 11-1-02 ft.	
	!	' X	Į Pu	يرمp test data: Well wat	er was	ft. aft	er hours r	oumpina apm	
_	-NW	- NE	Est. Yield!	W.A gpm: Well wate	er was	ft. aft	ər hours p	oumping gpm	
	1	1		R TO BE USED AS: 5	Public water	supply 8	Air conditioning 11 I	njection well	
l w	1	<u> </u>	1 Domesti 2 Irrigation	c 3 Feedlot 6 n 4 Industrial 7	Domestic (lav	r supply 9 vn & garden\10	Dewatering 12 (Other (Specify below) CK Well	
	!	! -	_ migation	i i i i i i i i i i i i i i i i i i i	Domestic (lat	vii a garden) Te	Dewatering 12 0 Monitoring well		
	-sw -	_ SE	14/						
	3,1	JL	vvas a cnemic mitted	ai/bacteriologicai sample	submitted to		s Noለአ; If yes, r er Well Disinfected? Yes	no/day/yrs sample was sub No X	
		ı	IIIIII			vvale	or well distillected? Tes	NO A	
	S			· · · · · · · · · · · · · · · · · · ·					
		CASING USED:		5 Wrought iron	8 Concre			edX Clamped	
1 Ste		3 RMP (S 4 ABS	н)	6 Asbestos-Cement 7 Fiberglass		(specify below)		ded eaded	
			5 in to					ft.	
Casing he	ing diameter iaht shove Is	and surface)R - 26	ا۱۱۱، ۱۵ ۱۱۱، ۱۱۱، ۱۱۰	(L., Did	π. ge Noπ.	
		R PERFORATIO			7 PV				
1 Ste		3 Stainles		5 Fiberglass		<u>C</u> 1P (SR)	10 Asbestos-Cer	nent /)	
2 Bra		4 Galvania		6 Concrete tile	9 AB		12 None used (o		
SCREEN	OR PERFOR	RATION OPENII	NGS ARE:	5 Gua	zed wrapped		8 Saw cut	11 None (open hole)	
l	ntinuous slot		Mill slot		wrapped		9 Drilled holes	11 None (open noie)	
1	vered shutte		(ey punched	7 Tord				ft.	
SCREEN-	PERFORAT	ED INTERVALS		78 ft to	58	ft From	ft to)ft.	
				ft. to		ft., From	ft. to)ft.	
	GRAVEL PA	CK INTERVALS	6: From	/8ft. to	20	ft., From	ft. to)ft.)ft.	
			From	ft. to	• • • • • • • • • • • • • • • • • • • •	ft., From	ft. to)ft.	
6 GROU	JT MATERIA	l· 1 Nea	it cement	2 Cement grout	3 Roni	onite 4 (other Hole plug		
	nyais: From	n 20		ft From	ft t	0	ft From	ft. to ft.	
						10 Livestoc		Abandoned water well	
1	What is the nearest source of possible 1 Septic tank 4 Late					11 Fuel sto	•	Dil well/Gas well	
2 Sewer lines 5 Cess				8 Sewage lagoon		•		16 Other (specify below)	
İ	-	er lines 6 Seep	•	9 Feedyard		13 Insecticide storage None			
Direction f	-		pago pi	o roodydr	-	How many f	-		
FROM	TO		LITHOLOGI	CLOG	FROM	TO	PLUGGING IN	ITED\/ALS	
0	4	Sandy to		0.00	1110141		1 Lodding II	TENVALO	
4	10	Brown cla			+				
10	18	Sand & c.							
18	24	Tan clay	LUY III.A						
24	32		ravel mix						
32	52			lean, med, loose					
52	53	Tan clay		reall, med, 1008e	-				
53	78			n,med,loose					
	/0	Saliu & gi	Lavel Clea	iii, iiied, 100Se					
					+				
		ļ			-				
	-								
	<u> </u>	<u>L</u>							
				TION THE	aa /1\ aanatu	iotod (2) rocono	tructed, or (3) plugged un-	dar my juriadiation and was	
7 CONTR	ACTOR'S C	R LANDOWNE	R'S CERTIFICA	ATION: This water well w	as (1) constru	icieu, (2) Tecons	illucted, or (5) plugged uni	uer my junsuiction and was	
	ACTOR'S Con (mo/day/y	ear)11-1	1-02	ATION: This water well w	as (1) constru	and this recor	d is true to the best of my k	nowledge and belief. Kansas	
completed Water Well	on (mo/day/y Contractor's	ear)11-2 Licence No	1-02 134	This Water	Well Record	and this recor was completed o	d is true to the best of my kinn (mo/day/yr)11-6	nowledge and belief. Kansas	
completed Water Well under the b	on (mo/day/y Contractor's ousiness nam	ear)11-1 Licence No ne of Rosei	1-02 134 ncrantz- E	This Water	Well Record	and this recor was completed o by (sig	d is true to the best of my kinn (mo/day/yr) 11-6 nature)	nowledge and belief. Kansas -02 	
completed water Well under the bustruc	on (mo/day/y Contractor's ousiness nam TIONS: Use type	ear)	1-02 134 ncrantz- F	This Water Semis FIRMLY and PRINT clearly. Pleas	Well Record	and this recor was completed of by (signerine or circle the cor	d is true to the best of my kinn (mo/day/yr)11-6	nowledge and belief. Kansas 02 to Kansas Department of Health	