		WATER WELL RECORD					
LOCATION OF W		raction		tion Number 24	Township Nur		Range Number
County: Prat		NE 1/4 NE 1/4 ity street address of well if loc	SE 1/4	<u>~</u> T	T 26	<u>s</u>	R 15 EW
		•	cated within city:				
	es North of Culli WNER: Dorothy Va						
	Box # : Byers, Kans				Board of An	riculture. D	ivision of Water Resources
City, State, ZIP Cod					Application		THOIST OF TRACE PRODUCTION
LOCATE WELL'S	LOCATION WITH 4 DE	PTH OF COMPLETED WELL			ΓΙΟΝ:		
Casing height above TYPE OF SCREEN  1 Steel 2 Brass SCREEN OR PERF 1 Continuous 9 2 Louvered sh	Depth WELL Est. Y Bore R WELL  WELL  WELL  WELL  WELL  WELL  Was a mitted  CASING USED: 3 RMP (SR) 4 ABS er	ield 80 gpm: Well with the delection of the delec	water was	elow land surf ft. af ft. a r supply ter supply parden only 1 epartment? Ye Wat ete tile (specify below lbs./f	face measured on reter ter and 8 Air conditioning 9 Dewatering 0 Observation well 9 Same CASING JOIN 10 Asber 11 Other 12 None 8 Saw cut 9 Drilled holes 10 Other (specify)	hours pur hours pur hours pur in. 11 I 12 C ; If yes, ? Yes ITS: Glued Welde Threa in gauge No stos-cement r (specify)	nping gpm nping gpm to ft. njection well Other (Specify below)  mo/day/yr sample was sub- X No X Clamped ded n. to ft214 an hole) 11 None (open hole)
SCREEN-PERFORA							
GRAVEL F	Fro PACK INTERVALS: Fro	om	to 80	ft., Fron	n	ft. to	
	Fro		to	ft., Fron			
GROUT MATERI		•					
			π.				
_	source of possible contan			10 Livest	•		andoned water well
① Septic tank	4 Lateral lines	• •		11 Fuel s	•		well/Gas well
2 Sewer lines	5 Cess pool	8 Sewage	•		zer storage	16 Ot	her (specify below)
•	ewer lines 6 Seepage pit	9 Feedyar	ď		ticide storage		
Direction from well?	IV.E.	HOLOGIC LOG	FROM	How man	4	ITHOLOGI	CLOG
FROM TO		TOLOGIC LOG	FROM	10		ITHOLOGI	C LOG
0 2	Soil, top						
2 6	Sand, fine	• • •					
6 42	Clay, white a				· · · · · · · · · · · · · · · · · · ·		
42 47	Sand, fine to	very fine					
47 60	Clay, tan						
60 80	· ·	coarse and fine t	0				
	coarse gravel						
					1		
					,		
7 CONTRACTOR'S	OR LANDOWNER'S CE	RTIFICATION: This water we	ell was (1) constru	cted) (2) reco	nstructed or (3) pla	laged und	er my jurisdiction and was
completed on (mo/da	ay/year) 7 . March. 81	† This Water		and this recor s completed o	rd is true to the beson (mo/day/yr)	t of my kno 30 Ma	wledge and belief. Kansas y. 84.
under the business i	name of Central W	ell & Pump Inc.		by (signat	ure)	rom	ell
INSTRUCTIONS: Us	se typewriter or ball point p	en, <i>PLEASE PRESS_FIRML</i> `		y. Please fill in	n blanks, underline d	or circle the	correct answers. Send top
three copies to Kans OWNER and retain	as Department of Health an one for your records.	d Environment, Division of En	vironment, Environi	mental Geolog	y Section, Topeka,	KS 66620.	Send one to WATER WELL