	LOCATION OF	F WATER WELL:	Fraction		Form WWC-5 Sect	KSA 82a- ion Number	Township Nur	nber	Range No	umber
WATER WELL OWNER: Triple T Forms No. Status, ZIP Code LA KIN MANS LOCATE WELLS LOCATION WITH AN X' IN SECTION BOX. WELLS STATC WATER LEVEL. JOB T IN ELEVATION: AN X' IN SECTION BOX. WELLS STATC WATER LEVEL. JOB T IN ELEVATION: WELLS STATC WATER LEVEL. JOB T IN ELEVATION: WELLS STATC WATER LEVEL. JOB T IN ELEVATION: WELL WATER TO BE USED AS 5 Sublav water supply: 9 Au conditioning 11 Injurity water was been and guarden only 10 Observation well Was a chemical bacteriological sample submitted to Dispartment? Yes. No. Job T In Injury Welled. 1 Domestic State of the Well water supply: 9 Au conditioning 11 Injury water was been and guarden only 10 Observation well Was a chemical bacteriological sample submitted to Dispartment? Yes. No. Job T Injury 12 Order (speedly below) 1 Sheel 3 RMP (GR): 6 Actestoc-Cement 9 Observation well Water was 10 Observation well Water well believed to the Well water supply: 9 Aux containing plants and the water was 10 Observation well Well water supplement of the purplement	<i>V</i>		INE	4 SW 45t	1/4		↑ 26	s	R Š	=(W)
WATER WELL OWNER: ## St. Address, Box # : ## St. Addre	stance and dir	ection from nearest	town or city street	address of well if located	within city?	S.E. J.L	AKIN	· · · · · ·		
## St. Address, Box # : # 1						· · •			·	
Application Number: OCATE WELLS LOCATION WITH IN DEPTH OF COMPLETED WELL NAM: IN SECTION BOX: WELL'S STATIC WATER LEVEL / / / / / / / / / / / / / / / / / / /			IL J FAIN	n s						_
LICATE WELLS LOCATION WITH IN TY IN SECTION BOX: WELLS STATIC WATER LEVEL WELL WATER TO BE USED AS The dead of the water supply 8 Air conditioning 11 pection well 12 Other (specity below) 12 Other (specity below) Water well Delindected? Yes No Contract States and the Cashing and the Cas				سم ا			_		vision of Wate	r Resourc
Depth(s) Groundwater Encountered 1					22 A					
WELL'S STATIO WATER LEVEL / Pump used data: Well water was the after the hours pumping the state well water was the state of the state the sta	LOCATE WEL AN "X" IN SE	CTION BOX:								
Pump test data: Well water was fit after hours pumping Eat. Yield S.O. gom. Well water was fit after hours pumping in to make the pumping of the pumping in					, , ,					
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Bore Hole Diameter 1. 10. 3.3.7	NW	/ NE								
WELL WATER TO BE USED AS: 1 Domestic 3 Feeds: 2 Indigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical-bacteriological sample submitted to Department? Yes. No. Was a chemical-bacteriological sample submitted to Department? Yes. No. TYPE OF BLANK CASING USED: 5 Wrought iron Seed 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) The CASING JOINTS: Glued 3 Camped. Welled Casing Joints: Joint Materials. 7 Fiberplass 7 Fiberplass 7 Fiberplass 7 Fiberplass 8 Concrete tile 9 Other (specify below) Welded Casing Joints: Glued 3 Camped. Welded Welled Casing Joints: Glued 3 Camped. 1 Seed 3 Stanless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify). 2 Camped Seed wrapped 9 Direct Holes Seed of Camped 11 None (open hole) 8 Seave Joints: Glued Association of Casing Joints: Glued Association of Casing Joints: Glued 3 Camped 11 None (open hole) 9 Direct General Welled Casing Joints: Glued Association of Casing Joints: Glued As			Bore Hole Diar	meter 07/2 in to	227	ft a	nd	in	to	9P
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that is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 1 Sewer lines 5 Cess pool 8 Sewage lagoon 1 Fertilizer storage 1 6 Other (specify below) 1 Materight sewer lines 6 Seepage pit 9 Feedyard 1 Solid storage 1 How many feet? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG CARACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and mpleted on (mo/day/year) 8 18 15 Oil well/Casa well 1 Septic tank 4 Lateral lines 7 Pit privy 1 Sewage lagoon 1 Fertilizer storage 1 How many feet? FROM TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG CARACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and and this record is true to the best of my knowledge and belief. Kater Well Contractor's License No. This Water Well Record was completed on (mo/day/yr) 8 2 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9				~						
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NSTRUCTIONS: Use typewriter of ball of seen SUASE PRISS FIRMLY and PRINT clearly. Please fill in blanks, underline or circles of the contest	npleted on (m ter Well Cont	ractor's License No.	300	5//1	ell Record was	completed o	n (mo/day/yr) 8:		2. "	<i>[</i>]
epartment of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send fire to WATER WELL ONNER and retain one for yo	pleted on (mer Well Control or the busine	ractor's License No.	SOL	5//1	ell Record was	completed o	n (mo/day/yr)	167	1/1/	<i>f</i>

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