				WELL RECORD	Form WWC-5					
1	ON OF WAT		Fraction	au		tion Number	Township N		Range Number	
County:	KINGM			SW 1/4 SE		1	т 27	S	R 10w E/W	
Distance a	ina airection			dress of well if locate						
				S. OF PENAL						
	R WELL OW	1 11 1		Lo. co.r.c	•					
	Address, Box			ELD CIRCLE				Board of Agriculture, Division of Water Resources Application Number: 94-0479		
	, ZIP Code			67226						
LOCATI	E WELL'S LO IN SECTION	1 POV	!							
AN A	III OLOTIOI	<u> </u>	• • •						3	
í	-	!     ^								
-	- NW	NE	•					-	imping gpn	
	1			•				•	mping gpm	
w  -									. to	
Σ	-	!     ^		D BE USED AS:				-		
-	- sw	SE	1 Domestic						Other (Specify below)	
	1		2 Irrigation		_					
L	1			acteriological sample	submitted to De				, mo/day/yr sample was su	
· -	\$		nitted				er Well Disinfect			
,		ASING USED:		5 Wrought iron					d Clamped	
1 St		3 RMP (SR)		6 Asbestos-Cement			,		ed	
2 <u>X</u> P\		4 ABS		7 Fiberglass					aded	
									in. to ft	
-				in., weight					lo	
YPE OF SCREEN OR PERFORATION MATERIAL:					X7 PV					
1 Steel 3 Stainless steel				•				her (specify)		
2 Br					, 9 AB	S	12 No	٠.	•	
		RATION OPENING			zed wrapped				11 None (open hole)	
	ontinuous slo	11				9 Drilled holes  10 Other (specify)				
	uvered shutt	•		7 Toro						
SCREEN-	PERFORATE	ED INTERVALS:							to	
									toft	
(	GRAVEL PA	CK INTERVALS:							tof1	
1			From				n		to fi	
_	MATERIAL									
				ft., From	π.				. , ft. to	
		ource of possible co		7 54		10 Livest	•		bandoned water well	
1 Septic tank 4 Lateral line				7 Pit privy		11 Fuel s	•		Oil well/Gas well	
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage							zer storage iicide storage		Other (specify below)	
	_	er iiries 6 Seepa	ge pit	9 Feedyard		How mar	•	IV O.	NE.K.NOWN	
FROM	rom well?		LITHOLOGIC L	OG	FROM	TO mar		LUGGING I	NTERVALS	
0	3	דחם מחד	L		7110111					
3	80	CLAY	Ц							
80	1									
00	125	GRAVEL								
					-					
	<del>   </del>									
Г —	لـــــــــــــــــــــــــــــــــــــ									
									der my jurisdiction and wa	
•			-						owledge and belief. Kansa	
Vater We	Il Contractor'	s License No	. 4.6 2	This Water	Well Record wa	s completed of	on (mo/day/yg)) .	3/23	<del>-</del> 9.5 <b>/</b> · · · · · · · · · · · · · · · · · · ·	
inder the	business nar	me of SAM'S	WATER WE	LL SERVICE		by (signat	ure ///	MIN	nferm	
INSTRU	ICTIONS: Use ty	pewriter or ball point pe	n. <u>PLEASE PRESS FI</u>	RMLY and PRINT clearly. F	lease fill in blanks, u	underline or circle	the sorrect an wers.	Send top three	copies to Kansas Department	
of Heal	th and Environm	ent, Bureau of Water, To	opeka, Kansas 66620	-0001. Telephone: 913-296	-5545. Send one to	WATER WELL OV	VNER and retain one	for your records	s. C	