	WATER WELL REC	CORD Form WWC-5	KSA 82a-1	212 ID No.		MW13	
LOCATION OF WATER WE			Sect	ion Number	Township Number	Range Number	
Distance and direction from ne	arest town or city street.	address of well if located v	vithin city?	Lo71.			
	181 Sunrise Ave Katt K5 671				Board of Agriculture, Application Number:	Division of Water Resources	
LOCATE WELL'S LOCATION	WITH 4 DEPTH OF C	COMPLETED WELL			ON:	1947.05	
AN "X" IN SECTION BOX:	Pu Est. Yield	mp test data: Well water gpm: Well water	was	ft. aft	ter hours ter hours	3 ft.  O / O / O / O / O / O / O / O / O / O	
W 1 1	1 Domestic	: 3 Feedlot 6 C	il field water	supply §	Dewatering 12	Other (Specify below)	
SW SE	Was a chemica	al/bacteriological sample s	ubmitted to E		es; If yes, er Well Disinfected? Yes	mo/day/yrs samp <del>le</del> was sub-	
TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR)  22PVC 4 ABS		5 Wrought iron 6 Asbestos-Cement 7 Fiberglass	9 Other (	8 Concrete tile CASING 3 Other (specify below)		led Clamped	
Blank casing diameter	<u>in. to</u>	ft., Dia			ft., Dia	ft.	
Casing height above land surfa TYPE OF SCREEN OR PERF 1 Steel 3	5 Fiberglass 6 Concrete tile	ØPV0 8 RM	8 RMP (SR) 1		ment fy)		
2 Brass 4 0 SCREEN OR PERFORATION 1 Continuous slot		d wrapped 8 Saw cut		9 Drilled holes	11 None (open hole)		
2 Louvered shutter SCREEN-PERFORATED INTE	4 Key punched  ERVALS: From	160	KE			toft.	
GRAVEL PACK INTE	From "	3.7ft. to	55	ft., From ft., From	ft. ft.	to	
GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bento			ft to ft	
Grout Intervals: From ft., from ft., From ft., From ft., From ft., From ft., From				10 Livesto		Abandoned water well	
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage		15 Oil well/Gas well	
2 Sewer lines 5 Cess pool		8 Sewage la	•	on 12 Fertilizer storage 13 Insecticide storage		(16) Other (specify below)	
3 Watertight sewer lines Direction from well?	9 Feedyard		How many	· · · · · · · · · · · · · · · · · · ·			
FROM TO	LITHOLOGIC	CLOG	FROM	то	PLUGGING	INTERVALS	
1 55 U	ay, Silty, a	lry					
completed on (mo/day/year)	2126/03			and this reco	ord is true to the best of my	nder my jurisdiction and was knowledge and belief. Kansas	
Vater Well Contractor's Licence under the business name of	orance Gr	eat PlainSI	nc.	by (si	on (mo/day/yr)	EDMINIX	
INSTRUCTIONS: Use typewriter or b and Environment, Bureau of Water, G	all point pen. PLEASE PRESS I	FIRMLY and PRINT clearly. Please	fill in blanks, und 66612-1367. Tele	erline or circle the co ephone 785-296-552	orrect answers. Send top three cop 22. Send one to WATER WELL OW	es to Kansas Department of Health NER and retain one for your	