MWID

		ATER WELL RECO	ORD Form WWC-5	KSA 82a-1	212 ID No	•		
1 LOCATION OF County: Pro		Fraction	SE 1/4 SE	Sec	tion Number	Township Number	Range Number	
		own or city street a	ddress of well if located	I within city?	10			
		way K	poulevard,	Fratt	KS	67124		
RR#, St. Address, I City, State, ZIP Co		Suntise A	ve			Board of Agricultu Application Numb	ure, Division of Water Resources	
3 LOCATE WELL'S	1101		OMPLETED WELL	59	ft. ELEVAT	ION:		
AN "X" IN SECT							. ft. 3 /г <i>Д Ц 10</i> 3ft.	
1		Pun	np test data: Well wate	er was	ft. a	fter ho	urs pumping gpm	
NW-				er was Public water s	ft. a		urs pumping gpm 11 Injection well	
i		1 Domestic	3 Feedlot 6	Oil field water	supply	9 Dewatering	12 Other (Specify below)	
W	E	2 Irrigation	4 Industrial 7	Domestic (law	/n & garden) (2	Monitoring well		
sw-		Was a chemica	l/bacteriological sample	submitted to [Department? Y	es No X ; If y	es, mo/day/yrs sample was sub-	
l	s i X	mitted				ter Well Disinfected? Ye		
	NK CASING USED		5 Wrought iron	8 Concre			Glued Clamped	
1 Steel 3 RMP (SR) 2 PVC 4 ABS			7 Fiberglass				Threaded X	
Blank casing diam	and an and a second	2in, to.			in. to	ft., Dia		
Casing height abo			in., weight			ibs./ft. Wall thickness or 10 Asbestos		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel			5 Fiberglass 8 RI		IP (SR)	11 Other (Sp	Other (Specify)	
2 Brass		ized Steel	6 Concrete tile	9 AB	S		ed (open hole)	
SCREEN OR PER 1 Continuous	_	INGS ARE: Mill slot	5 Guazed wrapped 6 Wire wrapped			8 Saw cut 9 Drilled holes	11 None (open hole)	
2 Louvered st		Key punched	7 Tord				ft.	
SCREEN-PERFO	RATED INTERVAL	S: From		51	ft., From		. ft. to	
GRAVE	PACK INTERVAL	S: From	4.1	40	ft., From		. ft. to ft. . ft. to	
		From	ft. to		ft., From		. ft. to ft.	
6 GROUT MATE		eat cement	2 Cement grout	Bent				
			ft., From	ft. t	o 10 Livest		ft. toft. 14 Abandoned water well	
What is the nearest source of possible contamination:1 Septic tank4 Lateral lines			7 Pit privy		11 Fuels	•	15 Oil well/Gas well	
2 Sewer lines 5 Cess pool			8 Sewage lagoon		12 Fertilizer storage		6 Other (specify below)	
3 Watertight sewer lines 6 Seepage pit			9 Feedyard			icide storage	FUST SITE	
Direction from wel		LITHOLOGIC	CLOG	FROM	How man TO	<u> </u>	NG INTERVALS	
0 60		Siltvic	Iry					
		··· /·						
	· · · · · · · · · · · · · · · · · · ·							
		······································				· · · · · · · · · · · · · · · · · · ·		
			TION: This water well				ed under my jurisdiction and wa	
completed on (mo/ Water Well Contra		×2122 594	This Wate			cord is true to the best of d on (mo/day/yr)	my knowledge and belief. Kansa	
under the business		anon Care	At Plain]	Er,		signature)	MEDMIN	
INSTRUCTIONS: U	se typewriter or ball point	pen. PLEASE PRESS F	FIRMLY and PRINT clearly. Plea	ase fill in blanks, un	derline or circle the	correct answers. Send top three	e copies to Kansas Department of Health L OWNER and retain one for your	
	Ireau of Water, Geology		on St., Sulle 420, Topeka, Kan	aa 00012-1307. 18	100-290-5	JEL. JEIN UNE IU WATEN WEL	- Grineri and retain one for your	