		WATER WELL REC	ORD Form WWC	-5 KSA 82a-1	212 ID No	D	
ء ا	ION OF WATER WE	LL: Fraction 1/4	SE & SE		tion Number	Township Number	Range Number
	nd direction from nea	rest town or city street a	address of well if locat	ed within city?	11	•	
		whard Moll	-la-	5 700	2/-1.		
	ddress, Box # : [[559 5W onfa K5	90± 5t.			Application Number:	
	WELL'S LOCATION		COMPLETED WELL	60	ft. ELEVAT	ΓΙΟΝ:	
AN "X" II	N SECTION BOX: N	Depth(s) Groun	ndwater Encountered	3.5ft belo	ft. w land surface	2 ft. e measured on mo/day/yr	35-15-06 ft.
			mp test data: Well w	ater was	ft. a	after hours	pumping gpm
-	-NW NE-			ater was 5 Public water s			pumping gpm Injection well
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering Other (Specify below 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well							Other (Specify below)
W E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well F. R. S. L. J. C. L. M. L. J. L							
SW SE Was a chemical/bacteriological sample submitted to Department? Yes mitted						res No; If yes, ater Well Disinfected? Yes	mo/day/yrs sample was sub-
L.	S						
	OF BLANK CASING		5 Wrought iron	8 Concre			ledClamped
1 Stee		RMP (SR) ABS	6 Asbestos-Cemen 7 Fiberglass	,	specify below		readed
Blank casing diameter							
		CE	in., weight	Q _V		lbs./ft. Wall thickness or gu- 10 Asbestos-Ce	
1 Ste		Stainless Steel	5 Fiberglass		IP (SR)	11 Other (Speci	fy)
2 Bra		alvanized Steel	6 Concrete tile	9 AB	S	12 None used (•
SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes							
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)							
SCREEN-PERFORATED INTERVALS: From 40 ft. to 60 ft., From ft. to ft.							
Fromft. toft., Fromft. toft. GRAVEL PACK INTERVALS: Fromft. toft. ft. toft. ft. toft.							
							toft.
6 GRO	JT MATERIAL:	1 Neat cement	2 Cement grout	⊘ Bent	onite	4 Other	
Grout Inte			<i>0</i> ft., From	ft. t	o	ft., From	ft. toft.
		ossible contamination:	- D::				Abandoned water well
1 Septic tank 4 Lateral lines 2 Sewer lines 5 Cess pool			7 Pit privy 8 Sewage lagoon		11 Fuel storage12 Fertilizer storage		Oil well/Gas well Other (specify below)
	tertight sewer lines	•	9 Feedyard		13 Insecticide storage Open Field		on Freid
Direction f	rom well?				How mar		
FROM	TO	LITHOLOGI	C LOG	FROM	то	PLUGGING	INTERVALS
3	3 TO	7511	1+				
10	20 F	ne Sand	-				
20	40 1	edirum Sa	L.				
40	60 Me	dium San	a willa	y layor	5		
				-			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was							
completed on (mo/day/year)							
	business name of	emily Puns	t Well Sor	Te Fi		(signature)	muse
INSTRU	CTIONS: Use typewriter or b	all point pen. PLEASE PRESS					pies to Kansas Department of Health
and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.							