	WATER WELL RE	CORD Form WWC		2a-1212 ID				
1 LOCATION OF WATER WEL			Sec	tion Numbe	r Town	ship Number	Range Number	
County: KiowA	Sw 1/4	SW 14 SE	1/4	21	Т	28 (S)	R 17 E(W)	
Distance and direction from near	est town or city stree	et address of well if loc	ated within cit	y?				
4 MILES WEST A	F Harria 1	KS , 2 m.	1=5 Ca	all a	P 41.01	EU 14.	WILE W. N. INTO	
2 WATER WELL OWNER: 2	THVITTA	1 5 3 2 M	2 30	U1 ~ D	1 1100	27, 11	Wile w. Well	
C	OYCE FRAT	د اور د اور					D	
RR#, St. Address, Box # :	T. ス						Division of Water Resources	
City, State, ZIP Code :	Aviland KS	67059				cation Number:		
3 LOCATE WELL'S LOCATION W	/ITH 4 DEPTH OF	COMPLETED WELL	1.40.	ٍ. ft. ELEV	'ATION:			
AN "X" IN SECTION BOX:	Depth(s) Grour	ndwater Encountered	1 <i>l. l.Q</i> .	' f	t. 2	<i></i> ft. 3	ft.	
_	WELL'S STATI	C WATER LEVEL . 🗸 🗸 🧸	<b>?</b> ." ft. belo	w land surfa	ce measured	on mo/day/yr		
🛊	Pur	no test data: Well wat	er was	ft.	after	hours	pumping gpm	
							pumping gpm	
	Est. Held . Fac	2gpm. vyen wan	יאשול ""	,	anter		in. to ft.	
	1 1							
W W		TO BE USED AS: 5			8 Air conditi	•	njection well	
	1 Domestic		Oil field water		9 Dewaterin	•	Other (Specify below)	
sw se	2 Irrigation	4 Industrial 7	Domestic (lawr	n & garden)	10 Monitoring	g well	• • • • • • • • • • • • • • • • • • • •	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A 4	de college d'An Don			. 16		
<u> </u>	3 1	/bacteriological sample si	nomittea to Deb				mo/day/yrs sample was sub	
S	mitted					fected? Yes		
5 TYPE OF BLANK CASING U		5 Wrought iron					ed. 🗶 Clamped	
	P (SR)	6 Asbestos-Cement	9 Other	(specify bel-	ow)	Wel	ded	
2 PVC 4 ABS	<u>ک</u> رہ	7 Fiberglass					eaded	
Blank casing diameter	in. to /. 🧸	<b>?</b> ft., Dia	in	. to	ft., !	Dia	in. to	
Casing height above land surfac								
"		_		-				
TYPE OF SCREEN OR PERFO			7 PV			10 Asbestos-cer		
	inless steel	5 Fiberglass		P (SR)			)	
	vanized steel	6 Concrete tile	9 ABS			12 None used (o	•	
SCREEN OR PERFORATION			zed wrapped		8 Saw c		11 None (open hole)	
1	3 Mill slot		wrapped		9 Drilled			
	4 Key punched	7 Torc		•				
SCREEN-PERFORATED INTE	RVALS: From 🖍 🤊							
	د بر From.	ft. to		ft., Fro	m	<i></i>	to	
GRAVEL PACK INTE	RVALS: From/7	ft. to	. <b>.73</b>	ft., Fro	m	ft.	to ft.	
	From			tt., Fro	m	π.	to	
6 GROUT MATERIAL: 1.N	eat cement	2 Cement grout	3 Benton	ite	Other			
Grout Intervals: From 2	f to	ft From	11	<del></del>	ft F	rom	ft. to	
What is the nearest source of p					stock pens		Abandoned water well	
· ·					•			
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel storage			Oil well/Gas well	
2 Sewer lines 5	Cess pool	8 Sewage	lagoon	12 Fertilizer storage		16	16 Other (specify below)	
3 Watertight sewer lines 6	Seepage pit	9 Feedya	rd	13 Inse	cticide storaç	ge		
Direction from well?	E.			How m	any feet?	2001		
FROM TO	LITHOLOGIC L	OG	FROM	ТО		PLUGGING I	NTERVALS	
I			1			125000		
0" 15° Top	······································	/AY						
	E SAND,	*						
30' 45 FING	F SAND & S	MAII GRAVEL						
45' 60' Bro.	UN CLAY MI	xed w/ SANd		1				
ا مسسا ا	1 1	12 11 11						
75' 90' MEd	um & Sm	oll gravel						
75' 90' MEd.	ium & sous	ou gravec					·	
90' 105" 11		<del> </del>						
105 120		- "	_					
120 135' Bri	UN & VECTOR	) Clay						
135' 140' 1	1 1 11	11						
<b> </b>								
	MALEDIA ALLERIA	TION TI		(2)		(0)		
171 CONTRACTOR'S OR LANDO	WINDOW CEDTICION	HON: This water well v		ucted, (2) re			nder my jurisdiction and was	
<b>—</b>								
completed on (mo/day/year)	6-1-01					<i>y</i>	nowledge and belief. Kansas	
completed on (mo/day/year)	6-1-01	This Water W				<i>y</i>	nowledge and belief. Kansas ニークノ	
completed on (mo/day/year) Water Well Contractor's Licence	6-1-01 No. 665		ell Record wa	s completed	d on (mo/day/	<i>y</i>	nowledge and belief. Kansas	
completed on (mo/day/year) Water Well Contractor's Licence under the business name of	6-1-01 NO. 665 ATT WELL SE	RUICE, INC. E	ell Record wa	s completed by (s	d on (mo/day/ signature)	Turn	-01 E Zxll	
completed on (mo/day/year) Water Well Contractor's Licence	6 - / - 0/ No. 665 ATT WELL SE oint pen. <i>PLEASE PRESS FI</i>	RVICE, ZVC. E	ell Record wa	by (s	d on (mo/day, signature) correct answers.	yr) 6/. Send top three copies	to Kansas Department of Health and	