			orm WWC-5 KSA 82a-1	212	
County: 1 1 1 2 2		STATE NE	Section Number	Township Number	Range Number R (2 EW)
Distance and direction from		NKIWI	Street address of well if lo		- N G - W
	MUNC	0 (2/4			
WATER WELL OWNER:	Dean	CTOOSE	_	Board of Aminulaus	District of Mater Description
RR#, St. Address, Box # City, State, ZIP Code	nurdoc	KIKan	67/11	Application Number:	, Division of Water Resources
DEPTH OF COMPLETE	D.WELL 150 #	Bore Hole Diameter	in to 7 6	t and	in to 150 ft
Well Water to be used as:	5 Public water	supply	8 Air conditioning	11 Injection we	
1 Domestic 3 Feedlo			9 Dewatering	12 Other (Spec	
2 Irrigation 4 Industri		,	10 Observation well	1 2 1	-
	ft. below lar			oth	day
Pump Test Data				• •	gpm
Est. Yield / O	gpm: Well water was	ft. after	<u></u>	nours pumping	gpm
4 TYPE OF BLANK CASIN	NG USED:	5 Wrought iron	8 Concrete tile	Casing Joints: Glu	ed Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	We	lded
2 PVC	4 ABS				eaded
Blank casing dia 5.	in. to	(C) ft., Dia	in. to		
Casing height above land so	urface	in., weight	lbs./f		(. • • •
TYPE OF SCREEN OR PE			7 PVC	10 Asbestos-cen	
1 Steel	3 Stainless steel	5 Fiberglass	8 RMP (SR)	11 Other (specif	**
2 Brass	4 Galvanized steel	6 Concrete tile	9 ABS	12 None used (c	
Screen or Perforation Openi		5 Gauzed		8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wr		9 Drilled holes	
2 Louvered shutter	4 Key punched	7 Torch c		` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	in to
•					
Screen-Perforated Intervals:			•		
Graval Back Intervals:		ft. to			
Gravel Pack Intervals:	From	ft. to	ft., From	ft. to	1
5 GROUT MATERIAL:	1. Neat cement	2 Cement grout			
Grouted Intervals: From		. ~ °			ft. to
What is the nearest source		,	10 Fuel st		Abandoned water well
1 Septic tank	4 Cess pool	7 Sewage lagoo		-	Oil well/Gas well
2 Sewer lines	5 Seepage pit	8 Feed yard		ŭ	Other (specify below)
3 Lateral lines	6 Pit privy	9_Livestock pens		ght sewer lines	· · · · · · · · · · · · · · · · · · ·
Direction from well		w many feet	? Water V	Vell Disinfected? Yes	No
					: If yes, date sample
was submitted		day	year: Pump Installed	? Yes	No
If Yes: Pump Manufacturer's	s name		Model No	HP	Volts
Depth of Pump Intake		ft.	Pumps Capacity rated at .		gal./min.
Type of pump:	1 Submersible	2 Turbine 3	Jet 4 Centrif	fugal 5 Reciprocat	ing 6 Other
6 CONTRACTOR'S OR LA	ANDOWNER'S CERTIFICA			nstructed, or (3) plugged u	ınder my jurisdiction and was
completed on	5	month	4day	\	year
and this record is true to the	e best of my knowledge an	d belief. Kansas Water We	eli Contractor's License No.	140	
This Water Well Record wa	s completed on	 m o	onth J 6	day of Son	\mathcal{D}_{\cdots} year under the business
name of	14 11 BY		y (signature)	chark x	yman.
7 LOCATE WELL'S LOCA		LITHOLOGIC	C LOG FROM	TO \	THOLOGIC LOG
├─ WITH AN "X" IN SECT BOX:	ION O	3016			
	2 17	\ \SJ / \tau_			
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- SW SE	45 80	Ked 7 Nd	عرابع		
	So 84	yvee m	shale		
<u> </u>	84 150	- Shala			
1	0/ //0		-		
ELEVATION:	70				
Depth(s) Groundwater Enco		. 2 ft. 3		(Use a second	
INSTRUCTIONS: Use typev	writer or ball point pen, <i>pleas</i> of Health and Environment	se press tirmly and PRINT of the Division of Environment V	clearly. Please fill in blanks, Vater Well Contractors. Took	, underline or circle the cor eka. KS 66620. Send one to	rect answers. Send top three WATER WELL OWNER and
retain one for your records		.,	. 1.3	, 00020. 0010 0116 10	and