		WATER WELI	L RECORD	Form WWC-5	KSA 82a-			
LOCATION OF W		Fraction	- +		ion Number	Township Numb	1	nge Number
County: Kit	rwa.	14 C SI			1	т 29	SR	16 W E/W
	on from nearest town o			d within city?				
	37S of							
	WNER: Aldebar		D.			D		4144-4
RR#, St. Address, E	30x#: Box 186 e : Wichita	11 Vancas 672	אר	Honomon :	# 1			f Water Resources
City, State, ZIP COO	OCATION WITH	, ransas 0/20	<i></i>	120	7 1	Application No	ITIDEI. 209	<i></i>
AN "X" IN SECTI	LOCATION WITH 4 ON BOX: De	DEPTH OF COMPLE	TED WELL	48	π. ELEVAI	ION:		
TYPE OF BLANK 1 Steel xx 2 PVC	William William William William William William Es Bo William Will	ELL'S STATIC WATE Pump test d at. Yield 1.QQ g pre Hole Diameter ELL WATER TO BE t 1 Domestic 2 Irrigation as a chemical/bacterio tted	R LEVEL	#8 ft. beer was	elow land surf	ace measured on moter	/day/yr 1.>. Durs pumping Durs pumping in. to 11 Injection 12 Other (Sp.) ; If yes, mo/day/yes X B: Glued Welded Threaded	Oct 85
	e land surface							
	OR PERFORATION N		ngnt					C.1T
1 Steel		5 Fiberglass 8 RMP (SR)			10 Asbestos-cement 11 Other (specify)			
2 Brass	3 Stainless st 4 Galvanized		ncrete tile	9 ABS	, ,		sed (open hole)	t e
	ORATION OPENINGS			ed wrapped		8 Saw cut	• • •	e (open hole)
1 Continuous				wrapped		9 Drilled holes		(4)
2 Louvered sh		punched	7 Torch	• •		10 Other (specify) .		
	TED INTERVALS:	00						
GRAVEL F	PACK INTERVALS:	From			•			
		From	ft. to		ft., Fron	1	ft. to	ft.
GROUT MATERI			ent grout			Other		
Grout Intervals: F	rom Q ft.	to1.0 ft.	, From	ft. 1	to			1
	source of possible cor				10 Livest	· · · F - · · · -	14 Abandoned	
1 Septic tank 4 Lateral		ines	7 Plt privy		11 Fuel storage			
2 Sewer lines 5 Cess p			8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)	
3 Watertight s	ewer lines 6 Seepage	e pit	9 Feedyard			-	····none ···	cify below)
Direction from well?					How man			
FROM TO		LITHOLOGIC LOG		FROM	то	LIT	HOLOGIC LOG	
0 2	Soil							
2 12	Sand, fine	A	£2					
12 40		to coarse and			h ha7 da.			
40 120	Sand, fine	to coarse and	coarse g	Laver Min	n boulde:	<u>(5</u>		
								
							· · · · · · · · · · · · · · · · · · ·	
J 001 = 1 = 2 = 2	0014:50:55:5	CERTIFICATION: T	in	100 dd\ 0000	ntad (2)	netrioted or /0\ =l	and under my !:	ripdiation and was
	S OR LANDOWNER'S							
	ay/year) 1.5 . Oc							i
	tor's License No			veli Hecord wa				0
under the business	name of <u>Central</u> to typewriter or ball point po	Well and Pum	D II V and DDINT ~~	arly Please fill in	by (signat	ure) The correct ans	wars Sand ton three	conies to Kanese
Department of Health	and Environment, Office of	of Oil Field and Environmen	ntal Geology, Regu	ulation and Permit	ting Section, Top	eka, Kansas 66620-7500	, Telephone: 913-8	62-9360. Send one
	WNER and retain one for							