		WATER	RWELL	RECOF	RD F	Form WW	/C-5	KSA 82a-1	1212				
1 LOCATION OF WATER W	ELL Fra	action					Section	Number	Township !	Number	Rang	ge Num	ber
County: Ford		SW 1/4	SW	1/4	NW	1/4	10)	т 29	S	R	22	Æ/W
Distance and direction from n 2½ Miles East			ISSS			Street	address (of well if lo	ocated within ci	ty?			
2 WATER WELL OWNER:	OT TITLED	Samuel		Oil	Prod	lucers		GT OGT	7 40 5				* 1
RR#, St. Address, Box #		#4 In:	rernes	s Co	art E	last			₹ 10-5 Board of	Agriculture, E	Division of	Water I	Resources
City, State, ZIP Code		Englev	wood.	Colo	rado	80112			Application	n Number:			
3 DEPTH OF COMPLETED	WELL2	24 ft. Bo	ore Hole	Diamet	er	77/8	. in. to .	224	ft., and		. in. to		ft.
Well Water to be used as:	5 P	ublic water su	upply			8 Air c	onditionir	ng	11 1	njection well			100
1 Domestic 3 Feedlot	XXX C	Dil field water	supply			9 Dew	atering		12	Other (Specif	/ below)		
2 Irrigation 4 Industria		awn and gard						well					
Well's static water level													
Pump Test Data Est. Yield 50		water was water was			. after . . after				hours pumping. hours pumping				gpm
		water was	5 \A/ray			0.0	anarata ti			Ininte: Clues	XX C	amnad	
	YPE OF BLANK CASING USED: 1 Steel 3 RMP (SR)							le cify below)	_				
	4 ABS						٠.				Welded		
Blank casing dia 5		164					in to		ft Dia	711100	in to	,	
Casing height above land sur	rface	12	in	weight			.8	lhs /	ft Wall thickness	s or gauge N	lo 26	55	
TYPE OF SCREEN OR PER				worg			PVC			sbestos-ceme			
1 Steel 3 Stainless steel			5 Fiberglass			8	8 RMP (SR)			11 Other (specify)			
2 Brass			6 Concrete tile		9	9 ABS		12 N	one used (op	pen hole)			
Screen or Perforation Openir	ngs Are:			5	Gauze	d wrappe	ed	XX	X8 Saw cut		11 None	(open	hole)
1 Continuous slot 3 Mill slot			6 Wire wrapped					9 Drilled holes	;				
				7 Torch cut				10 Other (specify)					
Screen-Perforation Dia													
Screen-Perforated Intervals:													
Gravel Pack Intervals:			•		224								
-1	From		ft. t					From		ft. to			π.
_	XXIXNeat cem						entonite		Other				
Grouted Intervals: From		-	1	t., Fron	n				•		π. ιο. pandoned		
What is the nearest source of 1 Septic tank	4 Cess pod			7 Cowo	aa laaa	on		10 Fuel st	•				veii
2 Sewer lines			7 Sewage lagoon 8 Feed yard				11 Fertilizer storage XXXI 12 Insecticide storage 16			1			
	3 Lateral lines 6 Pit privy							13 Watertight sewer lines					
Direction from well g	outheast	How	many fee	et	150) <i>.</i>	?	Water V	Well Disinfected	? Yes XX	ζNo		
Was a chemical/bacteriologic	al sample sub	mitted to Dep	artment?	Yes .	٠٠٠٠.			No	XXX		: If y	es, dat	e sample
was submitted		th <u>.</u> .		day		ye	ar: Pum	punstalled	? Yes XX . Th	ey insta	Maded t	heir	.own
If Yes: Pump Manufacturer's	name					Model I	No	• • • • • • • • •	HP		Voi	ts	
Depth of Pump Intake		· · · · · · · · · · · · · · · · · · ·			ft.	Pumps	Capacity	rated at .					gal./min.
Type of pump:	 Submersible 	e 2	Turbine			3 Jet		4 Centri	fugal 5	Reciprocating	9	6 Otl	ner
6 CONTRACTOR'S OR LA	NDOWNER'S	CERTIFICATI	ON: Thi	s water	well w	as (1) co	nstructed	l, (2) reco	nstructed, or (3) plugged und	der my jur	isdiction	n and was
completed on Ma									., 1901			•••••	year,
and this record is true to the This Water_Well Record was	best of my kn	owledge and	belief. Ka -	ansas V	Vater W	/ell Contr	actor's Ц 18	icense No	2.52				
name of Friesen Win	completed on dmill & S	upolv In			m	ionth by (signa		12/1	day1399	1	year u	nder th	e business
			<u> </u>	! ITI	401 0G	IC LOG		FROM	TO	1	ITHOLOG	IC LOG	
7 LOCATE WELL'S LOCAT	1014	6		soil	IOLOG	io Log	-1	FHUIVI	10	<u>-</u>		.5 200	
BOX:	6	150	Cla										
N	150	160			tres	ks of	Sand						1 .
	160	214		• San		<u> </u>							
NW NE	214	240											
<u>x</u> <u>x</u>	E		THE STATE OF THE S	~~									
SW SE													,
<u> </u>													
1 Mile													
ELEVATION: Upland													
Depth(s) Groundwater Encou													
INSTRUCTIONS: Use typewi	riter or hall noir	nt nan niasea	proce fir				D1 (1)	1 2- 411		role the corre		Cand	ton three
copies to Kansas Department	of Health and	Environment (Division o	mly and	nment	clearly. Water W	Piease til ell Contra	i in bianks ctors. Ton	i, underline or ci eka. KS 66620	Send one to V	VATER WE	s. Sena ELL OW	NER and
copies to Kansas Department retain one for your records.	of Health and	Environment, [Division o	mly and f Enviro	nment,	Clearly. Water W	Please fil ell Contra	ctors, Top	eka, KS 66620.	Send one to V	VATER WE	ELL OW	NER and