,		WATE	R WELL REC	CORD F	orm WWC-	5 KSA 82a	1212				
1 LOCATION OF WATER WE	LL Frac	tion			1	ection Number	Township		Ran	ge Nun	nber
County: STONTON		SE 1/4	SE 1/2	SE,	1/4	35	т 29	<u> </u>	R	40	E/W
Distance and direction from ne 6-S 5-E Joh	arest town or conson, Ks.	ity?			Street add	dress of well if	located within c	ity?			
2 WATER WELL OWNER:		k Farms	(martir	Bros.	)						
RR#, St. Address, Box # :	RFD			,	•		Board of	Agriculture, [	Division of	Water	Resource
City, State, ZIP Code :	Johnson	•					Applicati	on Number:			
3 DEPTH OF COMPLETED	WELL 400	ft. Bo	ore Hole Diar	neter 10	0 ir	n. to <b>400</b> .	ft., and		. in. to		ft
Well Water to be used as:		olic water su			8 Air con			Injection well			
XX Domestic 3 Feedlot		field water			9 Dewate	ring	12	Other (Specif	y below)		
2 Irrigation 4 Industrial	7 Law	n and gard	len only		10 Observ						
Well's static water level X	<i>18.0</i> ft.	below land	surface mea	sured on .			onth	d	lay		year
Pump Test Data Est. Yield g	: Well wa pm: Well wa	iter was iter was		. ft. after . ft. after	• • • • • • • • •		hours pumping.			• • • • •	gpmgpm
4 TYPE OF BLANK CASING			5 Wrought		8 Conc		Casing		LVV C	amned	
	RMP (SR)		6 Asbestos			(specify below			ed		
	ABS		7 Fiberglas					Threa	aded		
Blank casing dia	5 in. to .	.160	ft., Dia		in.	to	ft., Dia		. in. to		ft
Casing height above land surfa	ace 12-2	<b>4</b>	in., wei	ght <b>2</b> 0	00PSI	lbs.	ft. Wall thicknes	ss or gauge N	10 20	62	
TYPE OF SCREEN OR PERF	ORATION MAT	ERIAL:			<b>XX</b> 7 P			sbestos-ceme			
1 Steel 3	Stainless steel		5 Fiberglas	s	8 R	MP (SR)	11 O	ther (specify)			
	Galvanized ste	el	6 Concrete		9 AI	BS	12 N	one used (op	en hole)		
Screen or Perforation Opening				5 Gauzeo	d wrapped		8 Saw cut		11 None	(open	hole)
	XX3 Mill slot			6 Wire w	• •		9 Drilled holes				
	4 Key pun			7 Torch o			10 Other (spec				
Screen-Perforation Dia											
Screen-Perforated Intervals:											
Gravel Pack Intervals:	From	300	π. το	400		π., From		ft. to	• • • • • • • • •		ft
Graver Fack Intervals:	From	₹५५	_				• • • • • • • • • • • • • • • • • • • •				
5 GROUT MATERIAL: X	X Neat cement						24-	ft. to			ft.
Grouted Intervals: From						Office 4 (	Other	· · · · · · · · · · · · · · · · · · ·			
What is the nearest source of	nossible contan	nination		10111		, 10 Fuels					
Septic tank	4 Cess pool		7 Se	wage lagoo			er storage		bandoned '		/eli
2 Sewer lines	5 Seepage pit			wage lagoo ed yard	711			and the second s			
3 Lateral lines	6 Pit privy		9 Livestock pens			12 Insecticide storage 13 Watertight sewer lines		16 Other (specify below)			
Direction from well	. <b>W</b>	How r							No.		
Was a chemical/bacteriological	== sample submit	ted to Depa	artment? Yes			No	XX		: If v	es dat	e sample
was submitted			day .		year:	Pump Installed	l? YesXX		No	00, 000	o sample
If Yes: Pump Manufacturer's na	ame	Gould	s- used		Model No.	· · · · · · · · · · · · · · ·	HP	3/4	Volt	s 230	
Depth of Pump Intake 🗓 🌊	63										
	Submersible		Turbine	3	3 Jet	4 Centr	ifugal 5	Reciprocating	q	6 Oth	er
6 CONTRACTOR'S OR LAND	DOWNER'S CE	RTIFICATIO	ON: This wa	ter well wa	is (1) consti	ructed, (2) reco	nstructed, or (3)	) plugged und	der my juri	sdiction	and was
completed on		1	month	15 .		day	81		<b></b>		vear
and this record is true to the b	est of my know	ledge and t	oelief. Kansa	s Water We	eli Contracto	or's License No	<b>1</b>	60			
This Water Well Record was c	ompleted on		<b>2</b>	mc	onth	15	day 81	Bott	year ur	nder the	business
name of JTM SMTTH		- 7		b	y (signature		earce BK	, any	<u> </u>	<u>.                                    </u>	
7 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION		то		ITHOLOGIC	C LOG	FROM		<b>(</b> L)	ITHOLOGI	C LOG	
BOX:	- 0	20	Surfa		<u> </u>			<b></b>	<u> </u>		
N	20	100		w/clay							
, <u> </u>	100	220		fine t	o med.	<u> </u>			-		
NW NE	220	300		(med.)	l amth	-		-			
	300	340	· · · · · · · · · · · · · · · · · · ·		·						
w 1 1 E	340	380		(fine)							
SW SE	380	400	sand	(coarse	=)						
<u> </u>	-				- 100		<u> </u>				
S						4					
ELEVATION:				···							
	torod 1			4 0	<u> </u>			1			
Depth(s) Groundwater Encount INSTRUCTIONS: Use typewrite	er or ball point n	π. 2	nress firmly	and PDIAIT	π.4	ee fill in hin-i-	(Use	a second she	et if need	ed)	
copies to Kansas Department of	Health and Env	rironment, D	ivision of Env	ironment, V	Vater Well C	contractors, Top	eka, KS 66620.	Send one to W	/ATER WE	LL OW	NER and