				WELL RECO		n WWC-5							
1 LOCATION OF WATER WELL:			Fraction <	キレ、5	wha	Sec	tion Number		nship Nu	mber	Range	Numb	er
County: Tursmon		1/40	y 1/4		1/4	18 "	Т	19	S	R	/	E/W	
		from nearest town o	r city street add	dress of well i	f located wit	hin city?							
		north		est ?									ĺ
		• • • • • •	3 00	u s	once	u_7/2	asou						
2 WATER	R WELL OW	NER: Alechi	ack m	n Lita									
RR#, St. /	Address, Bo	x # : 1		2416				Bo	ard of Ag	riculture, l	Division of V	Vater Re	esources
City State	, ZIP Code	67159	ua N					Δr	nlication	Number:			
		OCATION WITH			- 9	^							
AN "X	IN SECTION	OCATION WITH 4											
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	1	De	pth(s) Groundwa	ater Encounte	red 1		ft.	2		ft. 3			· / K
ا ما	1	ı WE	ELL'S STATIC V	VATER LEVE	L . 7.0	ft. b	elow land su	rface meas	ured on	mo/dav/vr	H- 30	8	$[oldsymbol{ u}]$
T	1	I I I '''		test data: W									anm
	- NW	NE											
	1]		t. Yield										
l≞ w ⊢	1	l Bo	re Hole Diamete	er 	.in. to	40.	. feetft.,	and		in.	to	<i>.</i> .	ft.
₹ w	1	l l we	ELL WATER TO	BE USED A	S: 5 Pi	ublic wate	r supply	8 Air con	ditioning	11	Injection we	II	ľ
i- I	1	i	Domestic				ter supply						,w)
	- SW - 3	SE											
		•	2 Irrigation				garden only				austir		
l↓ L		Wa	is a chemical/ba	cteriological s	ample subm	itted to De							was sub-
_	Ţ	mit	ted				Wa	ater Well D	isinfected	l? Yes 🐿	No	ı	i
5 TYPE C	OF BLANK (CASING USED:		5 Wrought iro	n	8 Concre	ete tile	CAS	ING JOH	JTS: Glue	1 Cla	amped .	
1 Ste		3 RMP (SR)	į	6 Asbestos-C			(specify belo				ed		1
		` ,					• •	•					1
(2) PV		4 ABS	~~	7 Fiberglass							aded		
Blank casi	ng diameter	in	tp 40	ft., Dia .		in. to		ft., Dia	a		in. to		ft.
Casing hei	ight above la	and surface 🕰 🔏	ledi	n., weight			Ibs.	/ft. Wall thi	ckness o	r gauge N	0		
_	-	R PERFORATION M	-	.,		PPV				stos-ceme			
													ŀ
1 Ste		3 Stainless ste		5 Fiberglass			IP (SR)						
2 Bra	ass	4 Galvanized	steel	6 Concrete til	e *	9 AB	S		12 None	used (op	en hole)		Į
SCREEN (OR PERFO	RATION OPENINGS	ARE:		Gauzed w	rapped		8 Saw	cut		11 None (open ho	ole)
A)co	ntinuous sic	t 3 Mill si	lot	•	Wire wrap	ned		9 Drilled	holes			•	
		4.44		-	:				, ,,				Ì
i	uvered shut	ter 4 Key p		,	7 Torch cut	2 A		10 Other	(specify)				
SCREEN-	PERFORATI	ED INTERVALS:	From	 1	ft. to	7. U	ft., Fro	om		ft. t	0		ft.
7 9,		•	From	1	ft. to		ft., Fro	om		ft. t	0		ft.
6	RAVEL PA	CK INTERVALS:	From	10	ft. to	9.0	ft Fro	om		ft. t	0		ft.
]			From				ft., Fro						4
al anaur													
_	MATERIAL	•		Cement grou									
Grout Inter	vals: Fro	m	to 	ft., From	1	ft.	to	ft.,	From		ft. to		ft.
What is the	e nearest so	ource of possible con	tamination:				10 Lives	stock pens		14 A	bandoned w	ater we	lle.
1 Se	ptic tank	4 Lateral li	nes	7 Pit p	rivv		11 Fuel	storage		15 O	il well/Gas v	veli	
2 Sewer lines 5 Cess poo			· ·				J						ا مما
1						12 Fertilizer storage 16 Other (specify be							
3 Wa	atertight sew	er lines 6 Seepage	pit	9 Feed	lyard		13 Insec	cticide stora	age//•/		wise	u er-	••••
Direction f	rom well?						How ma	any feet?					
FROM	ТО		LITHOLOGIC LO	og		FROM	ТО			ITHOLOG	IC LOG		
To Poor	2 / T						<u> </u>		-				7
1-100		·······									· · · · · · · · · · · · · · · · · · ·		
10	10	11)		0									
		CKay Cine	1 soul				ļ				.		∤
20	2:0	fine So	nd En	Clas						=			
30	40	Soul	Bos	Lus			<u> </u>						[
40	50	<	7										
	40	- Film	- carry				†						
50	60	-Cluy	cuy Ja	my									
60	70	-PHIT	"yyw	con	men.								
70	80	Soul	· CAI	est. He	aur X								
	0.0	Sall	1/01.0	District the second	1,000								
90	40	-vru	very	, aus	├								
<u> </u>) (1 b	1 .1			-						
		Total		- az									
		/ /- (108		<u>0</u> h		المسلما	11					
		11	411 91	Lest	KAN	(1/,	U But	Tous					
				Jees	1000	wyw	- en						
]				/			L						
7 CONTR	RACTOR'S	OR LANDOWNER'S	CERTIFICATIO	N: This water	well was (1) constru	cted, (2) reco	onstructed,	or (3) pl	ugged und	ler my juriso	liction a	and was
		year) 4-36	α		<u> </u>		and this reco						
1			270	Th:- 14	Motor M/-II					- 30	22		
		s License No.	- W. A. A.	inis V	vater vveli H	iecora wa	s completed		Y/YI)	. . OX D.	1.0.0	<i>7</i> · · · · ·	
	business na		Wall		Mul		by (signa		rec	m 4	4/46		
LINGTONCE	TIONS: Use	typewriter or ball poin	it pen, <i>PLEASE</i>	PRESS FIRI	MIY and PR	INT clear	v. Please fill i	in blanks u	nderline of	or circle the	correct and	More S	Send top
three copie	es to Kansas	Department of Health ne for your records.											