County: Clark	Fraction:	NW-SE-SE	Sec	32	_ T	31	_s	R	21	_ E/ (
CORREC		TER WELL COMP			RD (W	WC-5)				
Owner:	•	lacking of incorrect	шина	.1011)						
Location was listed as:			Locat	tion chan	ged to:					
Section-Township-Range:										
Fraction (¼ ¼ ¼):		NU - SE - SE								
Other changes: Initial statements:										
Changed to:										
Comments: Fractions Change	to Reflect	"Well's Location	i''or	form						
Verification method:										
					nitials:				/18/	08
Submitted by: Kansas Geological Seto: Kansas Dept of Health & Enviro	• .	• .		•	,					

		WA	TER WELL REC	CORD Form WWC	-5 KSA 82a-	1212 ID No		
1 1	TION OF WA		Fraction	<i></i>	Sec	ction Number	Township Number	Range Number
County:	Clark		SE 14		1/4	32	T 31 S N. 37°17. 698	R Z I E
Distance a	nd direction	rom nearest to	wn or city street a	address of well if loca	ed within city?		W 099° 17. 375	_
2 WATER	R WELL OW	VER: Len	Dank				W 014 77.373	
	ddress, Box		Paurs				Board of Agriculture.	Division of Water Resources
City, State,			chion, KS				Application Number:	
		CATION WITH		COMPLETED WELL	100	ft. ELEVAT	ION:	
	N SECTION		Depth(s) Groun	ndwater Encountered	1	ft.	2 ft.	3 ft.
	N_		WELL'S STATI	C WATER LEVEL	ft. bel	ow land surface	e measured on mo/day/yr	5-2-07 pumping 20 gpm
	1 /	1	Est. Yield	mp test data: Well w	ater wass	m. →	fter hours	pumping gpm
	-NW	-NE	WELL WATER	TO BE USED AS:	5 Public water	supply	8 Air conditioning 11	Injection well
		_	O Domestic		6 Oil field wate			Other (Specify below)
W -		E	2 Irrigation	4 mausmai	/ Domestic (la	wii a gaideii)	o Monitoring wen	
_	-sw	- SE	Mas a shamis	ol/bacteriological same	ale submitted to	Department? V	as No Lifvas	mo/day/yrs sample was sub-
	1		mitted	ai/bacteriological sain	ole submitted to		ter Well Disinfected? Yes	No
	<u> </u>							
5 TYPE	OF BLANK (ASING USED:		5 Wrought iron	8 Concr	ete tile	CASING JOINTS: Glu	ed Clamped
1 Stee		3 RMP (S		6 Asbestos-Cemen	t 9 Other	(specify below)	We	ided
2 PVC		4 ABS	•	7 Fiberglass			Thr	eaded
Blank casi	ng diameter	S	in. to	6.0 ft., Dia	ı	in. to	ft., Dia	ft.
	-			in., weight				age No. 200#
1		R PERFORATIO 3 Stainles		5 Eiboralass	O PV	/C MP(SR)	10 Asbestos-Ce	ment 'y)
1 Stee 2 Bras		4 Galvani		5 Fiberglass 6 Concrete tile	9 AE		12 None used (c	
		ATION OPENII	NGS ARE	5 G	uazed wrapped		8 Saw cut	11 None (open hole)
	ntinuous slot	_	Aill slot		re wrapped		9 Drilled holes	Trans (open nois)
1	vered shutte		ey punched		orch cut			ft.
SCREEN-	PERFORATI	ED INTERVALS	: From		100	ft., From .	ft. t	oft.
	CDAVEL DA	CK INTERVALS	From	ft. to	480	ft., From .	ft. t	oft. oft.
'	GHAVEL FA	JK INTERVALS	From	ft. to		ft., From .	ft. t	0 π. 0
	JT MATERIA		t cement	2 Cement grout	∂ Ben			
Grout Inter		•		ft., From	ft. 1			ft. toft.
	e nearest soi otic tank	•	contamination: ral lines	7 Dit no	ha.	10 Livesto	•	Abandoned water well
	ver lines	5 Cess		7 Pit pr	ge lagoon	11 Fuel st 12 Fertiliz	•	Oil well/Gas well Other (specify below)
		r lines 6 Seep	•	9 Feed	-		cide storage	Other (specify below)
1	rom well?		ango p	0 . 000	,		/ feet? 500	***************************************
FROM	то		LITHOLOGIC	CLOG	FROM	то	PLUGGING I	NTERVALS
0	6	topsoil	1					
6	12	Lan C	Atre .					
12	100	same	Lowers					
7 CONTR	ACTOR'S O	R LANDOWNE	R'S CERTIFICA	TION: This water wel	was Constr	ucted (2) recor	estructed or (3) plugged us	nder my jurisdiction and was
	on (mo/dav/v	ear)5.	3-07			and this rec	ord is true to the best of my l	nowledge and belief. Kansas
		Licence No		This Wa	ter Well Record	was completed	on (mo/day/yr)	1-07
under the b	usiness nam	e of Rad	d Was	Doilling 1	NC.		ignature)	1. Rait
INSTRUCT	TIONS: Use type	writer or ball point pe	on. PLEASE PRESS F	IRMLY and PRINT clearly. P	ease fill in blanks, und	derline or circle the c	orrect answers. Send top three copi	s to Kansas Department of Health
and Enviro	onment, Bureau o ee of \$5.00 for ea	f Water, Geology Se ach <u>constructed</u> well.	ction, 1000 SW Jacks	on St., Suite 420, Topeka, Ka	nsas 66612-1367. Te	lephone 785-296-55	22. Send one to WATER WELL OWN	NER and retain one for your