County Clark  NE v. NE v				<del>+</del>	ELL RECORD F	orm WWC-5				Dongs Number	
Dilutions and direction from nearest town of city steet address of well if occurred within city?  9 North, 2 3/4 West of Ashland, Kaness  WATER WELL OWNER:  Mr. Devid Bousiden  ## Location Board of Agrouthare, Division of Water Resoul Application Number:  Locate Wells (Jocation Withing)  ANX IN SECTION BOX.  Depths (Groundwater Ecourited 1, Not available 1, 2, 2, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	-1		ER WELL:	Fraction NE 1/	NF 1/. 9			i i	_	Range Number	• 1
WATER WELL OWNER  RINE, St. Address. Bov # Concess  Water WELL SCOATON WITH    CONTEXT WELLS LOCATION WITH   CONTEXT WELLS LOC			from nearest town (					1 21	3	<u> </u>	E
WALTER TO BE USED As   Share well was   Well water was   Share well was   Share well was   Well water was   Share well was	Distance and	i direction									
### A Address Box #   Depth of Complete Box   Supple   Su	NATER V	WELL OW		<i>)</i> / 1 WCB0 01			ri dan	# Toosti	<b>0</b> 7		
Cary, States, ZIP Code    A_hland, Xenasa 67831   Application Number					III e Da	,via bou	TACH			Division of Water Res	sources
DOATE WELL'S LOCATION NITH    Depth of COMPLETED WELL   50			· # ·		ne[h_A	d. Kane	67834		•		
Depthics Groundwater Encountered 1. Not. available ft. 2. ft. 3  WELLS STATIC WATER I EVEL 15 ft. below land surface measured on modayly March. 19, 1991 Pump test data: Well water was ft. after hours pumping 9 ft. and 1 ft. an			CATION WITH	DEPTH OF COM					000		
WELL WATER TO BE USED AS: 6 Public water was the after hours pumping. 9 Bore Hote Delimenter. 10 in. to. 50 st. and in. to to the state of the state	AN "X" IN	SECTION									
Pump test data: Well water was the after hours pumping. 9 get years with the pumping of the pump	- C	1									
Est. Yield 4, gpm. Well water was 1, 1, after 1, hours pumping 9 bore Hole Diameter. 19. In, 10. 50. 1, and 1, in to 1, 20. 1, and 1, in to 1, 20. 1, and 1,	1	_i	·     '''								
Bone Hole Diameter 10 in. to 50. ft. and in. to 50. ft. and in. to 50. ft. and 51 higher supply 3 Dewatering 12 Other (Specify below) 2 Lingation 4 Industrial 7 Lawn and garden only 10 Monitoring well was a chemical-bastenological sample submitted to Department? Yes. No. 3XX. Til yes, modayry sample was 1 Water Well Disinfected? Yes 3XX No 18 Was a chemical-bastenological sample submitted to Department? Yes. No. 3XX. If yes, modayry sample was 1 Water Well Disinfected? Yes 3XX No 18 Was a Chemical-bastenological sample submitted to Department? Yes. No. 3XX. If yes, modayry sample was 1 Water Well Disinfected? Yes 3XX No 18 Was a Chemical-bastenological sample sample was 1 Water Well Disinfected? Yes 3XX No 18 Was a Chemped 15 Stell 3 RMF (SR) 6 Asbestos-Cament 9 Other (specify below) 1 Welded Casing pelpt above land surface 20 In., weight 2.8 In. to 1.0 In.		NW	NE   Fs						•		
Was a chemical-bacteriological sample submitted to Department? Yes		-			<b>~</b> '						
Secretary   Secr	₹ w <del> </del> —	<u>; x</u>	F I								
2 Irrigation 4 Industrial 7 Lawn and garden only, 10 Monitoring well was a chemical-bacteriological sample submitted to Department? Yes	-	i	: 1 1					<del>-</del>		•	) [
Was a chemical bacteriological sample submitted to Department? Yes.   No. XX. : If yes, mordsyly's sample was: mitted   Mark   Well Disindected? Yes XX   No.		SW	SE					_			
Type OF SEARCH ON PERFORATION METALIAL  1 Scene 3 MM P(SR)  1 Steel 3 Stanless steel  2 Screen tile  3 Stanless steel  3 Stanless steel  5 Fiberglass  5 Fiberglass  8 RMP (SR)  1 Other (specify below)  Water Well Disinfected? Yes XXX No  Casing period bow land surface.  7 Fiberglass  7 Fiberglass  8 Concrete tile  9 Other (specify below)  Welded  XXX Swo  Surface Size Size Size Size Size Size Size Siz		-	l lw	•							
Steel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specify below)   Welded   XX PVC   4 ABS   7 Fiberglass   1.0 Ia   In. to   I	ı L	<del></del>									
Steel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specify below)   Welded   XX PVC   4 ABS   7 Fiberglass   1.0 Ia   In. to   I	5 TYPE OF	BLANK C			Wrought iron	8 Concr					
XVe PVC					-	9 Other	(specify below				1
Casing height above land surface. 20 in, weight 2.8 ibs./ft. Wall thickness or gauge No265 TYPE OF SCREEN OR PERFORATION MATERIAL.  1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 30 ft. to 50 ft., From ft. to  GRAVEL PACK INTERVALS: From 20 ft. to 50 ft., From ft. to From ft. to GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite Grout Intervals: From Grout intervals: From  1 Specific tank 4 Lateral lines 7 Pit privy 11 Septic tank 4 Lateral lines 7 Pit privy 11 Septic tank 4 Lateral lines 7 Pit privy 11 Septic tank 4 Lateral lines 9 Feedward 13 insecticide storage 15 Oil well/Cas well 15 Prom  2 Sewer lines 5 Seepage pit 9 Feedward 13 insecticide storage 15 Oil well/Cas well 16 19 Caliche 19 Contractor of Material Research 12, 1991 and this record is the record signed under my jurisdiction and vcompleted on (modayyear) Apr 11 12, 1991 and this record is the record signed under my jurisdiction and vcompleted on (modayyear) Apr 11 12, 1991 and this record is the record signed under my jurisdiction and vcompleted on (modayyear) Apr 11 12, 1991 and this record is the record signed under my jurisdiction and vcompleted on (modayyear) Apr 11 12, 1991				7	Fiberglass				Threa	ded	
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completed on (mo/day/year) April 12, 1991 and this record is true to the fest of my knowledge and belief. Kans						1	L				
	7] CONTRA	CTOR'S	OR LANDOWNER'S	CERTIFICATION:	This water well wa	s (1) constru					
									st or my kno	wledge and belief. Ka	ansas
Water Well Contractor's License No							-		WollT	19, 1771	
under the business name of Friesen Windmill & Supply Inc. by (signature)									<u> </u>		
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the perfect answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNED and etain one for your records.	INSTRUCT	FIONS: Use t	pewriter or ball point pen.	PLEASE PRESS FIRM	LY and PRINT clearly. Plea	ase fill in blanks,	underline or circle	the correct answers. So	end top three o	opies to Kansas Departmen	nt