LOCATION OF WATER WELL		CORD Form WWC-5	Sec	tion Number	Township Number	Range Number
County: Mende	NE	4 70 14 70 10 14 10 10 10 10 10 10 10 10 10 10 10 10 10	1/4	3/	т 31 s	R 26 E/W
Distance and direction from neares	Fouler	t address of well it located	within city?			
WATER WELL OWNER: SC	of Cana					
RR#, St. Address, Box # :	01. 4				Board of Agriculture	Division of Water Resource
	wler Ks	17844			Application Number:	
LOCATE WELL'S LOCATION W	_{ITH} 4 DEPTH OF	COMPLETED WELL				
AN "X" IN SECTION BOX:	Depth(s) Gro	undwater Encountered	,1	ft. 2	ft. :	3ft. 2-7 <i>-</i> 06
, N	WELL'S STA	FIC WATER LEVEL 7↓ . rump test data: Well wate	tt. bel r was	ow land surface i ft aft	measured on mo/day/yr er hours	pumping gpn
NW NE	Est. Yield	5.0 gpm: Well wate	r was	ft. afte	er hours	pumping gpr
1 1 1	WELL WATE				Air conditioning 11 Dewatering 12	Injection well Other (Specify below)
W	E 2 Irrigatio				Monitoring well	
				-		
SW SE	Was a chemi	cal/bacteriological sample	submitted to	Department? Yes	s; If yes,	mo/day/yrs sample was sub
	mitted			Wate	r Well Disinfected? Yes	e No
S	1					
TYPE OF BLANK CASING US		5 Wrought iron	8 Concr			ed Clamped
1 Steel 3 RMI 2 PVC 4 ABS	` '	6 Asbestos-Cement 7 Fiberglass		(specify below)		ded eaded
Blank casing diameter						
Casing height above land surface	18	in., weight		lb	s./ft. Wall thickness or gua	ge No. 200#
TYPE OF SCREEN OR PERFORATION MATERIAL:			Ø PVC		10 Asbestos-Cement	
1 Steel 3 Stai	5 Fiberglass6 Concrete tile	5 Fiberglass 8 RMP (SR) 6 Concrete tile 9 ABS		11 Other (Specify)		
2 51400	vanized Steel				•	•
SCREEN OR PERFORATION OP 1 Continuous slot		5 Guazed wrapped 6 Wire wrapped		8 Saw cut 11 None (open hole) 9 Drilled holes		
2 Louvered shutter	Mill slot 4 Key punched	7 Torch		1	0 Other (specify)	ft
SCREEN-PERFORATED INTERV	ALS: From	170 ft. to	2/0	ft., From	ft. t	ofl
ODAVEL BAOK INTERV	From	ft. to	2/0	ft., From	ft. t	oft oft
GRAVEL PACK INTERV	From	ft. to		ft., From	ft. t	oft
GROUT MATERIAL: 1 Grout Intervals: From	Neat cement	2 Cement grout	Ø Ben			# +n #
			1L.			π. τοπ Abandoned water well
•	at is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines		7 Pit privy		·	Oil well/Gas well
· •	Cess pool	8 Sewage	lagoon	12 Fertilize		Other (specify below)
	Seepage pit	9 Feedyar	-	13 Insectici		jution well
Direction from well? 5 E				How many	feet? 3000 0	
FROM TO	LITHOLOG	IC LOG	FROM	ТО	PLUGGING I	NTERVALS
0 8 tops	01/					
8 // Grey						
	سينكام					
14 18 grey 18 50 tan	clay		+			
00	y tan clay					
	+ gravel		1			
	in sauly cli	OLV .				
70 // 2 0100		7				
112 138 tand	12.4					
112 138 tand				l i		
112 (38 tans 138 150 sone 150 180 sonel	+ grovel					
112 138 tand	+ grovel					
138 150 Sand 138 150 Sand	+ grovel					

under the business name of by (signature)

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.

by (signature)