777.		WATE	R WELL RECORD	orm WWC-5					
LOCATION OF W		Fraction	en/ er	•	tion Number	M A	_	Range Number	
ounty: Sum		W 1/4	ddress of well if located	1/4	10	1 32	<u>(S)</u>	R / E/N	
istance and direction	1416 N		agress of well if located	within city?					
WATER WELL O	WNER: Stan		5'- n						
						Board of An	rioulturo D	ivision of Water Resource	
ity, State, ZIP Code	30x # : 14/6	VITOR	1- 60160	_		Application		60	
			15 01/2-	46	4 FI FV				
AN "X" IN SECTI									
			- 17						
i			_					nping gpr	
NW	NE E							nping gpr	
.			•				-	tof	
w 				5 Public water				njection well	
i	"	1 Domestic				9 Dewatering		Other (Specify below)	
sw	SE	2 Irrigation		_		_			
	X	•				/	•	mo/day/yr sample was su	
<u> </u>		tted				ater Well Disinfected			
TYPE OF BLANK	CASING USED:		5 Wrought iron	8 Concr				Clamped	
1 Steel	3 RMP (SR)		6 Asbestos-Cement	9 Other	(specify belo			d	
Q PVC	4,ABS		7 Fiberglass		` ' '	,	Threa	ded	
lank casing diamet	er in.	to. 24	ft., Dia	in. to		ft., Dia	i	n. to f	
asing height above	land surface	8	.in., weight . [.60		Ibs	./ft. Wall thickness or	gauge No		
YPE OF SCREEN	OR PERFORATION N	MATERIAL:	•		С	10 Asbe	stos-cemer	nt	
1 Steel	1 Steel 3 Stainless steel			5 Fiberglass 8 RMP (SR)			11 Other (specify)		
2 Brass 4 Galvanized steel			6 Concrete tile 9 ABS		12 None used (open hole)		n hole)		
CREEN OR PERF	CREEN OR PERFORATION OPENINGS ARE:			5 Gauzed wrapped		8 Saw cut		11 None (open hole)	
1 Continuous slot			6 Wire wrapped			9 Drilled holes			
2 Louvered sh	utter 4 Key	punched	7 Torch	cut		10 Other (specify)			
GROUT MATERIA	rom ft.	ta 20	ft. to Cement grout ft., From	3 Bento	to	Other	• • • • • • •	. ft. to	
/hat is the nearest source of possible contamination:						estock pens 14 Abandoned water we el storage 15 Oil well/Gas well			
1 Septic tank 4 Lateral lines			7 Pit privy						
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit						lizer storage		ner (specify below)	
•	ewer lines 6 Seepage	e pit	9 Feedyard			cticide storage	- Su	Know	
Pirection from well? FROM TO	T	LITHOLOGIC	LOG	FROM	TO TO	any feet?	JGGING IN	TERVALS	
0 10	100m & S	20							
10 46	Sand								
7.5	-								
							-		
		····						<u> </u>	
	<u> </u>								
CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION	ON: This water well wa	s (1) constru	cted, (2) rec	onstructed, or (3) pla	ugged unde	er my jurisdiction and wa	
ompleted on (mo/da	ay/year) § . – . /	-9/						wledge and belief. Kansa	
	or's License No5						1-13-	4/ +	
nder the business r	name of	loter 11)	1 Service		by (signa	1 1 1	nis	mel	
INSTRUCTIONS: Use	typewriter or ball point pen		IRMLY and PRINT clearly. Plea	se fill in blanks,			nd top three o	opies to Kalsas Department	

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kallesa Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.