	. %		WATE	ER WELL RECORD	Form WWC-5	KSA 82a	-1212		
	N OF WAT		Fraction SE,	SE 1/2	Sec	tion Number	Township Num	į	Range Number
County:	HArpe:	*			SW 1/4	6	т. 32	s	R 9 E
			=	address of well if loca	-				
ln (CITY O	C Attica	<i>m</i> . 2. 2.		Block 58	lotx 1	-2-3		Automotive
		VER: Jim					Board of Agri	icultura D	nivision of Water Resources
RR#, St. Address, Box # : Harper, Kansas 67009 City, State, ZIP Code :						Board of Agriculture, Division of Water Resources Application Number:			
5 TYPE O 1 Ste 2 PW Blank casin Casing heig TYPE OF S 1 Ste 2 Bra SCREEN C 1 Cor	WELL'S LC N SECTION N N N N N N N N N N N N N N N N N N	ASING USED: 3 RMP (S 4 ABS 5 ASING STATE ASING USED: 3 RMP (S 4 ABS 5 ASING USED: 3 RMP (S 5 ASING USED: 3 RMP (S 6 ASING USED: 3 RMP (S 7 ASING USED: 3	Depth(s) Groun WELL'S STATIC Pum Est. Yield Bore Hole Dian WELL WATER 1 Domestic 2 Irrigation Was a chemical mitted SR) ON MATERIAL: ss steel ized steel NGS ARE: Mill slot	dwater Encountered C WATER LEVEL Inp test data: Well was gpm: Well was leter	1	the low land surfit. a ft. a ft. a ft. a ft. a ft. a ft., ar supply ster supply garden only epartment? Y wa ete tile (specify below the supply	TION: 2. Iface measured on matter Ifter Ifter	hours punhours punhou	en hole) 11 None (open hole)
2 Lou	vered shutte	er 4 ł	Key punched	7 Tor	rch cut	•	10 Other (specify)		
G GROUT Grout Inter What is the 1 Sep 2 Sec	MATERIAL vals: From e nearest so ptic tank wer lines	urce of possible 4 Late	From	ft. to ft. to ft. to 2 Cement grout	3 Bento ft.	ft., Fro ft., Fro ft., Fro onite 4 to	m	ft. to ft. to ft. to ft. to	ft. toft.
Direction fr		N	r-g- e	- · · · · · · · · · · · · · · · · · · ·			inv feet? 55		
FROM	то		LITHOLOGIC	LOG	FROM	то		GGING I	NTERVALS
0	2	soil							
2	8	fine	sand						
8	14	med	sand						
14	30	shal							
	V				•				/ ************************************

			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						A A ACTIVITIES (CALL
completed Water Wel under the	on (mo/day/ I Contractor' business na	year) 4 -: s License No. me of	16-90 140 Lyma	This Water	r Well Record w	and this rec as completed by (signal	ord is true to the best on (mo/day/yr) ature)	t of my kno 5-5-9	your
INSTRU of Healt	JCTIONS: Use ty th and Environm	vpewriter or ball poi ent, Bureau of Wat	nt pen. <u>PLEASE PRES</u> er, Topeka, Kansas 66	<u>S FIRMLY</u> and <u>PRINT</u> clearly 620-7320. Telephone: 913-2	y. Please fill in blanks 96-5545. Send one to	s, underline or circ WATER WELL	le the correct answers. Ser DWNER and retain one for	d top three	copies to Kansas Department s.