			ATER WELL RECORD	Form WWC-5			
LOCATION OF WEA		Fraction NW	14 SW 14	NW 1/4 Sec	tion Number	Township Number	Range Number
Journey.						T 33 S	<u>R 30 €/W</u>
visiance and directi		-	Plains, Kansas	ed within city!			
WATER WELL (outh of r	Mr. Jim	Hugh		·	
R#, St. Address,			Box 458			Board of Agricultur	e, Division of Water Resource
city, State, ZIP Coo						Application Number	
		4 DEBTH O					<u>r: </u>
AN "X" IN SECT	ION BOX:						
	<u> </u>	, , ,		^			$_{\rm Ayr}$ August 28, 1990
i		1				,	pumpinggpm
-X NW -	NE						pumping gpm
							.in. to
w	+ ; E	1	R TO BE USED AS:	5 Public wate		8 Air conditioning	
· i		XXIXDome				•	12 Other (Specify below)
sw -	- SE	2 Irrigati					·····
		·		•	•	_	es, mo/day/yr sample was sub
	5	mitted	- am a decrease grown out in pro-			ter Well Disinfected? Yes	
TYPE OF BLANK	CASING USED:		5 Wrought iron	8 Concre			uedXX Clamped
1 Steel	3 RMP (SI	R)	6 Asbestos-Cement	9 Other	specify below		elded
XX PVC	4 ABS	•	7 Fiberglass			•	readed
lank casing diamet	ter 5	.in. to	30 ft., Dia	in. to		ft., Dia	in. to ft.
asing height above	a land surface	1 5	in., weight2.	8	ibs./i	t. Wall thickness or gauge	. No • 265
YPE OF SCREEN	OR PERFORATIO	N MATERIAL:		XX X PV	2	10 Asbestos-ce	ment
1 Steel	3 Stainless	s steel	5 Fiberglass	8 RM	P (SR)	11 Other (spec	ify)
2 Brass	4 Galvaniz	zed steel	6 Concrete tile	9 AB	3	12 None used	(open hole)
CREEN OR PERF	ORATION OPENIN	IGS ARE:	5 Gau	zed wrapped		XX Saw cut	11 None (open hole)
1 Continuous	slot 3 M	lill slot	6 Wire	wrapped		9 Drilled holes	
2 Louvered sh	utter 4 K	ey punched		h cut			
CREEN-PERFORA	ATED INTERVALS:						t. toft.
							t. to
GRAVEL I	PACK INTERVALS:	From					t. toft.
		From	ftto_		ft., Fror		t. to ft.
GROUT MATER		cement	2 Cement grout	3 Bento	nite 🐴	Other Darold.	Hole Plug
							ft. to
	source of possible					· · · · · · · · · · · · · · · · · · ·	Abandoned water well
			7 Pit privy		11 Fuel storage 15 Oil well/Gas well		
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit			8 Sewage lagoon 9 Feedyard		12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage		
Firection from well?	~	-	9 Feedyard		How mar		
FROM TO		LITHOLOG	GIC LOG	FROM	TO TO		3 INTERVALS
0 3	Topsoil						
3 41	Clay						
41 172	Med. Sand	L					
172 274	Blue Clay	•			1		
274 370	Fine Sand						
				o, and			
		_					
		**					
<u> </u>					<u> </u>		
CONTRACTOR:	S OR LANDOWNER	R'S CERTIFIC	ATION: This water well water	vas (1) construc	eted, (2) reco	nstructed, or (3) plugged	under my jurisdiction and was
om pleted on (mo/d	ay/year)	ugust 29	, .1990		and this reco	rd is true to the pest of my	knowledge and belief. Kansas
	tor's License No					on (mo/da/y/// Septe	
nder the business	name of Frie	sen Wind	mill & Supply In			ure)	
INSTRUCTIONS: U	se typewriter or ball point	pen. PLEASE PRE	ESS FIRMLY and PRINT clearly.	Please fill in blanks,	underline of circle	the correct answers. Send top in	ee copies to Kansas Department
of Health and Enviro	onment, Bureau of Water.	. Topeka, Kansas	66620-7320. Telephone: 913-296-	5545. Send one to	WATER WELLO	NNER and retain one for your rec	ords.