		ER WELL RECORD F	orm WWC-5	KSA 82a		
1 LOCATION OF WATE	R WELL: Fraction	CI, CE	1	ction Number	Township Number	Range Number
County: County	om nearest town or city street	address of well if located	1/4	7	1 7 34 s	1 R / _ EM
400	om nearest town or city street		within city?	/	,	٠.
BR# St Address Box	En: PaUL Go	•	,	,	Poord of Agricultura	Division of Water Becourses
RR#, St. Address, Box ; City, State, ZIP Code	1 Kl Medici	ne Lodge	KS	67/00	Application Number:	Division of Water Resources
2 LOCATE WELL'S LOC	CATION WITH A DEDTH OF	COMPLETED WELL	7	4 FIEVA	TION:	
AN "X" IN SECTION	CATION WITH 4 DEPTH OF BOX:	dwater Enguntered 1	18	π. ELEVA	HON:	
- <u> </u>					2 ft. face measured on mo/day/y	
1   1						umping gpm
NW -	- Nr 1   (	-				umping gpm
					andi	
w i	ti	ı				Injection well
7   1	1 Domesti				_	Other (Specify below)
sw -	- SE 2 Irrigation	•				
	/ '					s, mo/day/yr sample was sub-
5	mitted				ter Well Disinfected? Yes	No
5 TYPE OF BLANK CA	SING USED:	5 Wrought iron	8 Concr			ed Clamped
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other	(specify below		ded
2 PVC	4 ABS	7 Fiberglass			Thre	eaded
Blank casing diameter .						. in. to ft.
Casing height above land	d surface	in., weight		Ibs./	ft. Wall thickness or gauge I	No
TYPE OF SCREEN OR	PERFORATION MATERIAL:		_7 PV	<u>C</u>	10 Asbestos-cem	nent
1 Steel	3 Stainless steel	5 Fiberglass		MP (SR)	11 Other (specify	<i>(</i> )
2 Brass	4 Galvanized steel	6 Concrete tile	9 AB		12 None used (o	pen hole)
SCREEN OR PERFORA		5 Gauzed	• • •		8 Saw cut	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire w			9 Drilled holes	-
2 Louvered shutter		7 Torch o			10 Other (specify)	
SCREEN-PERFORATED						toft.
GRAVEL BACK	(INTERVALS: From)		ケラ	# From	Π π. ~	toft.
GRAVEL PACE	From	ft. to	. ل . حـــــــــــــــــــــــــــــــــ	ft., Fro		to ft.
6 GROUT MATERIAL:	1 Neat cement	2 Cement grout	3 Bento		Other	
_		•				
	ce of possible contamination:	<b>O</b> · · · · · · · · · · · · · · · · · · ·				Abandoned water well
	4 Lateral lines	7 Pit privy			storage 15 (	1
2 Sewer lines	5 Cess pool	8 Sewage lagoo			_	
3 Watertight sewer	lines 6 Seepage pit	9 Feedyard		13 Insec	ticide storage	Other (specify below)
Direction from well?				How mai	ny feet? /200	
FROM TO	LITHOLOGIC	LOG	FROM	то	LITHOLO	GIC LOG
6 / 0	50,10					
10 18	SIITY SOL					
18 33 1	medium s	and				
33 40	DITTY Sa	nd				
4057	clax			-		
10 22						
				-		
7 00170407070	I ANDOMNIEDIO CEDEICIO	TION. This	(4)	-11 (2)		
	LANDOWNER'S CERTIFICAT	HON: This water well was				
completed on (mo/day/ye	· / 1/1 2	· · · <b>(</b> · · · · · · · · · · · · · · · · · · ·				nowledge and belief. Kansas
Water Well Contractor's I		イン・・・・ This Water Wel	Hecord wa		on (mo/gay/yr)	
under the business name INSTRUCTIONS: Use tvr	pewriter or ball point pen, PLEA		PRINT clear	by (signat		ne correct answers. Send ton
three copies to Kansas De	epartment of Health and Environ					
OWNER and retain one	for your records.					