		WATER WELL RECORD	Form WWC-5	KSA 82a-			
1 LOCATION OF WAT	L L		Sec	tion Number	Township Number	٠.٠	
County: Barber		mw 1/4 mw 1/4	nw 1/4	28	T 34	S R 15 E/W_	
		street address of well if loca	ated within city?				
	3 ½ north Ha						
	NER: Leonore B						
RR#, St. Address, Box # : 807 B Old Farm Estate					Board of Agriculture, Division of Water Resources		
	: Hutchinso				Application Number:		
LOCATE WELL'S LO						. ft. 3	
Casing height above la TYPE OF SCREEN OF 1 Steel 2 Brass	WELL'S WELL'S Est. Yiel Bore Ho WELL W 1 D 2 In Was a cl mitted CASING USED: 3 RMP (SR) 4 ABS	Pump test data: Well w d 5 gpm: Well w d 5 Feedlot d 10 gpm: Well w d 5 Feedlot d 10 gpm: Well w d 5 gpm: Well w d 6 g	54 ft. b ater was ater was to	elow land surf ft. af ft. af ft., a er supply ter supply garden only 1 epartment? Ye Wat ete tile (specify below	face measured on mo/ofter	lay/yr 9-15-84 Irs pumping gpm Irs pumping gp	
 Continuous slot 	i 3 Mill slot	6 Wii	re wrapped		9 Drilled holes		
2 Louvered shutte	, ,		rch cut				
SCREEN-PERFORATE	D INTERVALS: From	50 ft. to	150	ft., Fron	n	. ft. toft.	
	From	ft. to		ft., Fron	n	. ft. to	
GRAVEL PAG						. ft. toft.	
_	From	ft. to		ft., Fron	n	ft. to ft.	
6 GROUT MATERIAL	: 1 Neat cement	2 Cement grout	3 Bento	nite 4 (
Grout Intervals: From	n	1.3 ft., From	ft.	to	ft., From	ft. to ft.	
	urce of possible contamin					14 Abandoned water well	
	4 Lateral lines	7 Pit privy		11 Fuel s	-	15 Oil well/Gas well	
2 Sewer lines 5 Cess pool			8 Sewage lagoon		_	16 Other (specify below)	
	er lines 6 Seepage pit	9 Feedyard	agoon		icide storage	To Other (specify below)	
Direction from well?	morth eas	•		How man			
FROM TO		LOGIC LOG	FROM	TO		DLOGIC LOG	
0 3	soil		1110111		CITIC	SEGGIO EGG	
3 150	red shale						
7 1 150	red Share						
7 CONTRACTOR'S C	R LANDOWNER'S CERT	IFICATION: This water well	was (1) construe	cted. (2) recor	nstructed or (3) plugge	d under my jurisdiction and was	
						ny knowledge and belief. Kansas	
						1-1.0-84.	
under the business name		Lvman IN		by (signati		ra Lymon.	
		PLEASE PRESS FIRMLY	and PRINT clearly	v Please fill in	blanks underline or cir	cle the correct answers. Send top	
three copies to Kansas I OWNER and retain one	Department of Health and E	Environment, Division of Envir	onment, Environr	mental Geology	y Section, Topeka, KS 6	6620. Send one to WATER WELL	