1		TER WELL RECO	ORD Form WWC-5	KSA 82a-1				
LOCATION OF WA		Fraction 1/4	SW 14 SE	Sec	tion Number	Township Number	er S	Range Number  R E/W
		wn or city street ac	ddress of well if located	within city?				-
WATER WELL OW	NER:	rrol	Miller			<u> </u>		
RR#, St. Address, Box City, State, ZIP Code	# : C	oldwar	4. KS 6	7029	Mapl	Application Nun	nber:	n of Water Resource
LOCATE WELL'S LO AN "X" IN SECTION		4 DEPTH OF CO	DMPLETED WELL dwater Encountered	78	ft. ELEVAT ر	TION:		
W SW	- NE E	WELL'S STATIC Pum Est. Yield WELL WATER T 1 Domestic 2 Irrigation	p test data: Well wate D mest data: Well wate O BE USED AS: 5 3 Feedlot 6	r wasft. belo r wasr r was Public water s Oil field water Domestic (law	ow land surfaceft. aft. a supply supply rn & garden) Department?	e measured on mo/day ufter	nours pumpinours pumpinours pumpin 11 Injectic 12 Other	ng gp ng gp on well (Specify below)
S TYPE OF BLANK (	CASING USED:		5 Wrought iron	8 Concre	ete tile	CASING JOINTS	3: Glued	Clamped
1 Steel 3 RMP (SR)			6 Asbestos-Cement 9 Other (		(specify below)		Welded	
2 PVC Blank casing diameter	4 ABS		7 Fiberglass ft., Dia	•				
Casing height above la		A A I	in., weight	140		lbs./ft. Wall thickness	or guage No	
TYPE OF SCREEN O				7 <u>PV</u>		10 Asbesto		
1 Steel 2 Brass	3 Stainles 4 Galvani		<ul><li>5 Fiberglass</li><li>6 Concrete tile</li></ul>	8 RM 9 AB	IP (SR) S		Specity) sed (open h	ole)
SCREEN OR PERFOR				zed wrapped		8 Saw cut		None (open hole)
1 Continuous slot		Mill slot	6 Wire wrapped			9 Drilled holes 10 Other (specify)f		
2 Louvered shutte SCREEN-PERFORAT		Key punched	7 Torch	78		10 Other (specify)		
	CK INTERVALS		ft. to		ft., From		ft. to	
GROUT MATERIA  Grout Intervals: From	~~	at cement ft. to <i>L.O</i>	2 Cement grout ft., From	3 Bent		4 Other		
What is the nearest so			IL., FIOHI	IL. I		tock pens		doned water well
1 Septic tank	4 Late	eral lines	7 Pit privy		11 Fuels		15 Oil we	ell/Gas well
2 Sewer lines 5 Cess pool			8 Sewage		12 Fertilizer storage		16 Other (specify below)	
3 Watertight sew		page pit	9 Feedyar	d		ticide storage	ว	
Direction from well?  FROM TO	JE	LITHOLOGIC	LOG	FROM	How mar		SING INTER	VALS
0 3	50	7/1020010		1110111	10	12000		V/120
3 5	El	ne San	d,					
5 12	6/4	ian 15 gr	id,,					
12 78	Ked	phile	w/ breaks	5				
		LOST C	iculation					
			<u> </u>					
						****		
	-							
CONTRACTOR'S (completed on (mo/day/Water Well Contractor)	year)	FR'S CERTIFICATION	CON: This water well w		and this re	cord is true to the best	ged under n of my knowle	ny jurisdiction and wadge and belief. Kans
under the business nar	me of $\angle$	1/man	Inc	- 16	by	(signature)	anx	your
INSTRUCTIONS: Use typ	pewriter or ball point r	en. <i>PLEASE PRESS F</i>	IRMLY and PRINT clearly. Pleas	se fill in blanks, un-	derline or circle the	correct answers. Send top the	ree copies to Ka	as Department of Health

INSTRUCTIONS: Use typewriter or bail point gen. <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 Karsas Department of Healtr and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each <u>constructed</u> well.