		\\/	SW ATER WELL R	NE ECORD E	NW orm WWC-5	a	1212 I	D No		
	•	TER WELL:	Fraction	14 HE	_	Secti	on Number			
County: C		from nearest t	town or city str	eet address of	well if local	1/4 ted within city		1 1 77	S R Z Z EW	
		Prom		001 4441000 0	Well II look	ou mami ony	•			
2 WATER	WELL OW	NER: Don K	Candall							
RR#, St. Ad			1 10	4-0-				•	culture, Division of Water Resources	
City, State,		: Asll	and /CS	6783/	6 フド3 / COMPLETED WELL			Application N		
AN "X" II AN "X" II TYPE O 1 Steel PVC Blank casi Casing he TYPE OF 1 Steel 2 Bras SCREEN 1 Cont 2 Louv SCREEN-	N SECTION N N N N N N N N N N N N N N N N N N	CASING USED: 3 RMP (S 4 ABS 1	Depth(s) Gro WELL'S STA P Est. Yield Bore Hole Di WELL WATE Domes 2 Irrigatio Was a chemic mitted : GR) TION MATERI s steel ized steel ENINGS ARE: Mill slot Key punched ALS: From From	undwater Enciric WATER LE ump test data LOgpm ameter. S ER TO BE USE tic 3 Feed n 4 Indus cal/bacteriologic 5 Wrought 6 Asbesto 7 Fibergla 1in., weight AL: 5 Fibergla 6 Concrete	countered EVEL	the first of the f	v land surf	fft. 2. ace measured on mo/or t. after		
	GRAVEL P	ACK INTERVA	LS: From	<i>2.0</i>	ft. to	12.7	ft., Fr	om	ft. to ft ft. to	
6 GROUT	MATERIA	L: ,1 Neat		2 Cement		 Bentoni				
Grout Inte	ervals: Fro	om 	ft. to							
l		source of poss		tamination:				10 Livestock pens Abandoned water well		
1 Septic tank 4 Lateral line 2 Sewer lines 5 Cess pool				7 Pit privy 8 Sewage lagoon				el storage rtilizer storage	15 Oil well/Gas well 16 Other (specify below)	
3 Watertight sewer lines 6 Seepa			•	9 Feedyard		•		secticide storage		
Direction from well? E										
FROM	то		LITHOLOGIC	LOG		FROM	ТО		GGING INTERVALS	
0	38	red so	سمط						5"SDR ZI/40 PUC	
38 45	45	redc	lay					Well Casing	16-1 ASTM F480-07 05KIKI WC 654244	
52	75	white	c sand					MSP -WE M	SKIRI WC #3/249	
75	90	soft u	ville ro	.k						
90	98	red d								
98	120	Sandy	red cla	4						
120	121	sand								
						 				
									7,500	
=1 =====	10777			0.4.TIG::					lummad anadam turtudi at	
CONTR	ACTOR'S (on (mo/day	OR LANDOWN	ER'S CERTIFIC	SATION: This	water well w	constru	ucted, (2) and this ro	reconstructed, or (3) p cord is true to the bee	lugged under my jurisdiction and was t of my knowledge and belief. Kansa	
1		//year) r's Licence No.						ed on (mo/day/yr)		
1	business na	_	10/11/0	01 D. 11	. 1.			(signature)	100 11	
INSTRUC	TIONS: Use typ							the correct answers. Send top	three copies to Kansas Department of Health and	