1			ER WELL RECORD F	orm WWC-5					
	F WATER WELL			l l	tion Number	Township Nur		Range Number	
	lark		address of well if located		22	<u> </u>	S	R 25 E(W)	
Distance and dire	23/8		OF ENGL		OD, K	5			
2 WATER WEL	L OWNER:	Aldebaron Dril			,				
RR#, St. Address, Box # : Wichita, Kansas						Board of Agriculture, Division of Water Resources			
City, State, ZIP (Lease: Thies # 1						
LOCATE WEL AN "X" IN SE	L'S LOCATION CTION BOX:	Depth(s) Groun	ndwater Encountered 1.	60	? ft. 2		ft. 3		
1 Steel 2 PVC Blank casing dian Casing height ab TYPE OF SCRE 1 Steel 2 Brass SCREEN OR PE 1 Continuo	ANK CASING US 3 RI 4 AE meter	Est. Yield . Bore Hole Diar WELL WATER 1 Domesti 2 Irrigation Was a chemica mitted SED: MP (SR) BS	np test data: Well water neter.	was was /20 6 Public wate Oil field wa Lawn and gubmitted to De 8 Concre 9 Other in. to PV 8 RM 9 AB d wrapped rapped	ft. af ft	ter	hours pur hours pur hours pur 11 12 (; If yes, ? Yes TS: Glued Welde Threai gauge No stos-ceme (specify) used (ope	in to ft. control of the control of	
2 Louvered	d shutter	4 Key punched	7 Torch	cut		10 Other (specify)			
SCREEN-PERFO	ORATED INTER	From	<u>.</u> ft. to		ft., Fror	n	ft. to	o	
6 GROUT MATI	ERIAL: 1	Neat cement	(2) Cement grout	3 Bento		•			
Grout Intervals:		ft. to <i>HO</i>		ft.	to	ft., From		. ft. to	
What is the near		ssible contamination:	,		10 Livest			pandoned water well	
1 Septic ta	•	Lateral lines	7 Pit privy		11 Fuel s	•		il well/Gas well	
2 Sewer lin		Cess pool	8 Sewage lago	าท		zer storage		ther (specify below)	
							NONE		
Direction from w		Geepage pit	3 i eeuyalu		How mar	•			
FROM TO	1	LITHOLOGIC	CLOG	FROM	TO		ITHOLOG	IC LOG	
0 2		, top		1.10				.0 200	
	· · · · ·	fine				***************************************			
		red and sand							
		fine to coar		1					
		•		-					
		, red and sand	-	<u> </u>					
		, very fine to	COSTRE	+					
- 1		, med							
5.1		, very fine to	coarse	+					
118 1	120 Shale	e, fed							
				<u></u>					
								•	
Water Well Contr under the busine	ractor's License ess name of	No. 325 Central Well 8	This Water We	Il Record wa	s completed of by (signat	on (mo/day/yr)	Fee	miehl	
INSTRUCTIONS	: Use typewriter of	or ball point pen, PLEA	SE PRESS FIRMLY and	PRINT clear	y. Please fill in	i blanks, underline d	r circle the	correct answers. Send top	
three copies to Ka OWNER and ret	ansas Departmer ain one for your	nt of Health and Environ records.	nment, Division of Environn	nent, Environ	mental Geolog	y Section, Topeka, I	KS 66620.	Send one to WATER WELL	