		WATER WI	ELL RECORD	Form WWC-	5 KSA 82a	1212	
LOCATION OF W		Fraction		Se	ection Number	Township Number	Range Number
County: Meade		SE 1/4		NE 1/4	23	т 34 s	R 30 x W)
Distance and direction	on from nearest town	•		•			O
WATER WELL O	***************************************	nd 1214 South		, Mansas			
WATER WELL O			RANCH			Daniel of Amelouikou	- District - AM-1- December
IR#, St. Address, B			1, Box 55	C=0.C=		•	e, Division of Water Resource
City, State, ZIP Code						Application Number	
AN "X" IN SECTION							
	N D						t. 3
l i							/yr June .8, .1988
NW	NE -X						pumping gpm
!	, , , ₁ -						pumping gpm
w 1			-				.in. to
1 ;	"	ELL WATER TO BE				8 Air conditioning	•
SW	SE	XX Domestic	3 Feedlot				12 Other (Specify below)
!	!	2 Irrigation	4 Industrial				
<u> </u>			riological sample	submitted to t	•		ves, mo/day/yr sample was sub
TYPE OF DIANK		itted	Manage Laboration and the Company of	0.0		er Well Disinfected? Yes	
TYPE OF BLANK			Vrought iron		rete tile		ued . XX Clamped
1 Steel	4 ABS		Asbestos-Cement Fiberglass		(specify below	•	elded
							readed
arik casing diamete	land surface	ο 10	. II., Dia			(1., Dia	No. •26.5
	OR PERFORATION		weight C. S. S.	XX P		10 Asbestos-ce	
1 Steel	3 Stainless st		iboraloos		. •		
2 Brass			Concrete tile	9 A		12 None used	ify)
	ORATION OPENINGS				33 X		11 None (open hole)
1 Continuous s						9 Drilled holes	11 None (open noie)
2 Louvered shi		punched	7 Torc				
	TED INTERVALS:						t. toft.
ONLEIVI ENI ONA	TED INTERVALO.						t. toft.
GRAVEL P	ACK INTERVALS:						t. toft.
GIVICE	AON WILLIAMES.	From 40					t. to ft.
GROUT MATERIA	AL: 1 Neat cen		ement grout				Hole Plug
•			•				ft. to
	source of possible co				10 Livest		Abandoned water well
1 Septic tank	4 Lateral 1		7 Pit privy		11 Fuels	•	Oil well/Gas well
2 Sewer lines	5 Cess po		8 Sewage lag	goon		-	Other (specify below)
	wer lines 6 Seepage		9 Feedyard	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			· · · · · · · · · · · · · · · · · · ·
Direction from well?		- p	o . coaya.a		How mar	•	
FROM TO		LITHOLOGIC LOG		FROM	ТО		OGIC LOG
0 2	Topsoil						
2 16	Fine Sand						
6 34	Clay						
16 34 34 49	Blue Clay						
49 51	Caliche	***					
51 62	1						
62 74	1						
74 118							
118 149	•						
149 161	Clay						
161 260	Fine Sand	& Gravel					
		1,000				^	
CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION	This water well u	vas (1) constr	ucted (2) reco	estructed or (3) glugged	under my jurisdiction and was
							knowledge and belief. Kansas
						on (mo/day/y	
ider the business n	ame of Laid	an VIII	:00 1 1	alu O	bv (sinnat	ure) In Alo	
INSTRUCTIONS: Use	typewriter or ball point pe	en. <i>PLEASE PRESS FIR</i>	RMLY and PRINT die	arly. Please fill in	blanks, underline	er circle the correct answers.	Send top three copies to Kansas
Department of Health	and Environment, Bureau	of Water Protection, To	opeka, Kansas 6662	20- 75 20, Telepho	one: 913-862-936	D. Send one to WATER WELL	OWNER and retain one for your
ecords.							