		WA	TER WELL REC	ORD	Form WWC-5	KSA 82a	-1212 ID No	0				
	ION OF WA		Fraction			Se	ction Number	Township Nur	nber	Range Nur	nber	
	Sewar		NE 14			4	24	T 34	S	R 33	E/W	
	nd direction		wn or city street		well if located	within city?						
<u>5E</u>	<u> 3/2</u>	from										
	R WELL OWI	שולטו	on Farm	づ								
RR#, St. Ad City, State,	ddress, Box ZIP Code	# : 4750 : Libe			1901			Application N	umber:	ivision of Water F		
_		CATION WITH			ED WELL	30	ft. ELEVA	TION:				
AN "X" IN	N SECTION N	BOX:	Depth(s) Groun					2				
	T	1						e measured on mo/o				
	-NW	- NE						after				
-		-NE	WELL WATER				supply	8 Air conditioning		•		
w	!	<u> </u> E	1 Domestic			Dil field wate Domestic (la		 Dewatering Monitoring well 		ther (Specify belo	,	
	!		رپ			· · · · · · · · · · · · · · · · · · ·	3	J				
SW SE Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was										was sub-		
mitted Water Well Disinfected? (es) N												
	S											
5 TYPE (OF BLANK C	ASING USED:		5 Wroug	tht iron	8 Concr	ete tile	CASING JOIN	CASING JOINTS: Glued Clamped			
1 Steel 3 RMP (SR)				tos-Cement	9 Other (specify below)			Welded Threaded				
2 PVC		4 ABS	in to	7 Fiberg カノ タ				ft., Dia .				
•	o .		•	111., **	eigi it	7 P\			thickness or guage No			
TYPE OF SCREEN OR PERFORATION MATERIAL: 3 Stainless Steel				5 Fiberg	lass		8 RMP (SR)		11 Other (Specify)			
					ete tile	9 AE	38	12 None	12 None used (open hole)			
SCREEN OR PERFORATION OPENINGS ARE:						ed wrapped		8 Saw cut	` ' '		hole)	
1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)									ft			
	vered shutte		ey punched	110								
SCREEN-F	PERFORATE	ED INTERVALS:	From	λ.(Δ	ft. to	UAU	ft., From		ft to		tt. ft	
(GRAVEL PAG	CK INTERVALS	: From 25	-)	ft. to	630	ft., From		ft. to		ft.	
			From		ft. to		ft., From		ft. to		ft.	
6 GBOLL	IT MATERIA	I: I Nea	t cement)	2 Cer	nent grout	3 Ben	itonite 4	1 Other				
Grout Inter							to	ft., From		ft. to	ft.	
What is the nearest source of possible contamination:					,		10 Livest			Abandoned water well		
1 Septic tank 4 Lateral lines					7 Pit privy		11 Fuels	torage	15 Oil well/Gas well			
2 Sewer lines 5 Cess pool				8 Sewage	agoon	12 Fertilizer storage		16 Other (specify below)				
3 Watertight sewer lines 6 Seepage pit					9 Feedyard	l	13 Insecticide stora		3			
Direction from well?								y feet? 660				
FROM	TO		LITHOLOGIC			FROM	то	PLUC	GING IN	TERVALS		
0	293	<u>Surface</u>	i	- 1	1/1							
200	330		o med (and o	welay							
^=-	200	Strips	, b 11 -	0/	44 /. 1		 					
330	380	Gand Y	r brown	Clay	w/mina							
380	510		med Sau	od w	hho.							
		Strios	med car	<u>~</u>	vac-							
510	530	Blue of	brown (2 lay	wsand							
_	_	Strips	5	J.								
530	625	Fine 7	o med	sand	W/Clay							
-		strips										
625	630	Blue 1	clay									
7						A						
∠ CONTR.	ACTOR'S O	R LANDOWNE	R'S CERTIFICA	TION: Thi	s water well wa	as (1) consti	ructed, (2) reco	onstructed, or (3) plu	igged und	ler my jurisdiction	and was	
completed of	on (mo/day/y	ear) /	7 - 2000				and this re	cord is true to the bes d on (mo/day/v̪r)	st of my kn	lowledge and beli	∌r. Kansas	
			Resources					signature)	٠. ١	7.0.)	
								correct answers. Send top	three copies	to Kansas Department	of Health	

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health 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 constructed well.