			WA	TER W	/ELL R	ECOF	RD	Form \	WWC-5	KS	A 82a-	1212	ID No)					_		
1 LOCAT	ION OF WA			Fra	ction						Sec	tion Nu	mber	1	wnship		r		Range	Numb	oer
County:	But	ler	· 		w	1/4	5W	1/4	34	1/4		25		Т	23	3	<u>s</u>		R 4	,	E/
Distance an											city?					•	_ ,,				
	Potu		1 mi					Ver	tellez	PV	6 W	riles	ho	To	140	<u> </u>	2/4	E	50 5	i, du	
	R WELL OW		Brud	het.	Jan	174	1		•												
	ddress, Box	# :	518	-	W										oard of			Divisio	n of Wa	iter Re	sources
City, State,		<u>:</u>	Burn	15,	Kun	565	66	840		<i>→</i>		4.5	-1 C-) /AT		pplication						
3 LOCATE			N WITH	4 DEI	-/-) O	F COI	WPLET	ED WI	ELL			TI. E	LEVAI	ON:				 Դ	•••••		4
AN X III	N SECTION N	BUX:		WELL	1(S) Gr 'S ST	ounav ATIC V	vater E NATFF	ncount	terea :1 27	1 •	ft belo	aw land	π. surface	measi	red on i	 mo/dav/	π vr	3 13 S	et o	4	π.
	1	I		****	-001/	Pump	test da	ata: V	Vell wat	er was			ft. a	fter		ho	ours p	pumpi	ng		gpm
NIM/					O.											hours pumping gpr 11 Injection well					
	1	1			Dome			SED A: eedlot				supply supply			onditioni atering	•		•	on well (Specify	, helow	ı۱
w	1	!_	— E		Irrigati			dustria							toring w						
	; l											_									
	-sw -	- SE		Was a	a chen	nical/b	acterio	logical	sample	submit	tted to [Departm	nent? Y	es	. No . Y	; If y	yes, ı	mo/da	y/yrs sa	mple v	vas sub-
mitted					J				submitted to Department? Yes No; If yes, mo/day/yrs sample wa Water Well Disinfected? (Yes) No												
	S																				
5 TYPE C	OF BLANK	CASING	USED:			5	Wrou	ght iro	n	8	Concre	ete tile		C	ASING J	IOINTS:	Glue	ed	Cla	mped	
1 Steel 3 RMP (SR) 2 PVC 4 ABS, Blank casing diameterin. to.					6 Asbestos-Cement					specify	,				Welded						
2 PVC		4	ABS			7	' Fiber	glass			•••••			••••••			Thre	eaded		••••••	
_	ght above la						In., \	weignt.			7 PV			ids./π. v		kness oi Asbestos					•••••
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel SCREEN OR PERFORATION OPENINGS ARE:						Fiber	glass				IP (SR)										
		4	Galvania	zed Ste	el			rete til			9 AB					lone us					
SCREEN C	OR PERFOR	RATION	OPENII	NGS AF	RE:				5 Gua	azed wra	apped			8 Sa	w cut			11	None (o	pen h	ole)
1 Con	tinuous slot		3 N	/lill slot						e wrapp	ed				lled hole						
	vered shutte			(ey pun	ched				7 Toro	ch cut				10 Oth	ner (spe	city)			•••••	•••••	tt.
SCREEN-F	PERFORAT	ED INT	ERVALS									,									
(GRAVEL PA	CK INT	FRVALS																		
`	311717		Litti																		
0.000					7						0.0			011-							
	IT MATERIA		- A	at ceme				ment g			3 Bent				Erom						
							11	, FIOII			IL. U								ioio ioned w		
Grout Intervals: From																OII					
2 Sewer lines 5 Cess pool							_	Sewage		7			zer stora					(specify		/)	
2 Sewer lines3 Watertight sewer lines6 Seepage pit								Feedya					icide sto	-						<i>'</i> 	
Direction fr	_	N.	F									Но	w man	y feet?			150	7			
FROM	ТО	T .		LIT	HOLO	GIC L	.OG			FF	ROM	TO			F	LUGGI	NG II	NTER	VALS		
										7	o´	30	,	Grac	ul						·
										3	o'	20		Clay	•						
							***			20) '	5		Nee	1 Exp	nen1	,	1B	enton	ite	
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													+			Section .		- 17 (2007		
																of the Samuel	ė.	10 F	WATE	R	
7 CONTR	ACTOR'S	OR LAN	IDOWNIE	B'S C	FRTIF	ICATIO	ON: Th	is wate	er well v	was (1)	constri	ucted (2) reco	nstructe	d. or (3) plugge	ed ur	nder m	ny jurisa	iction	and was
completed of	on (mo/day/	vear)	16 5	ept	04							and	this red	ord is tr	ue to the	e best of	my k	knowle	dge and	belief	. Kansas
Water Well	Contractor's	s Licen	ce No	73	'			Tr	nis Wate	er Well I	Record	was co	mplete	d on (mo	o/day/yr		6 2	aff	04		
	usiness nar								Syst					signatur		Spall					

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FRMLY and PRINT cleams. 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.