		WATER WELL RECORD F	orm WWC-5	KSA 82a-	1212	
LOCATION OF WA	ATER WELL: Fraction	ON NE SE		tion Number	Township Number	Range Number
County: These			1/4	19	т 7 s	R 33 E(W)
Distance and direction		treet address of well if located	within city?			
	L. OILU IV	COLBU	<u>/} </u>			
WATER WELL O	WNER: MAURINE ox # : De X 54	1.			D 1 - 1 A 1 1	Di dalam di Watan Baran
		x Ko 6770			Application Number	e, Division of Water Resources
City, State, ZIP Code						
AN "X" IN SECTION	ON BOX:	OF COMPLETED WELL.	43	ft. ELEVAT	10N:	
	N Deptin(s) G	Groundwater Encountered 1.				
1		TATIC WATER LEVEL			•	-
NW	NE					pumping gpm
l !		gpm: Well water				
* w -		Diameterin. to .				.in. το π.
<u> </u>	(1) Don				•	1 Injection well 2 Other (Specify below)
sw	SE 2 Irrig		lown and a	ter supply	Dewatering 1 Dobservation well	2 Other (Specify below)
!			-			es, mo/day/yr sample was sub-
<u> </u>		micai/bacteriological sample st	ibmilled to Di	-	.,	
TYPE OF BLANK	S mitted	E Wrought iron	8 Concre		er Well Disinfected? Yes	ued Clamped
	3 RMP (SR)	5 Wrought iron 6 Asbestos-Cement		(specify below)		elded
(Steel 2 PVC	4 ABS	7 Fiberglass				readed
2 PVC	5 // in to		in to		Th	in to #
Casing diamete	lend autons of Suctac	e Oʻ. ≱., weight		lbe /ft	Wall thickness or gauge	No.
• -	OR PERFORATION MATERIA		7 PV		. wall trickness of gauge	
	3 Stainless steel	5 Fiberglass		IP (SR)		fy)
1 Steel	4 Galvanized steel	6 Concrete tile	9 AB		12 None used (I
2 Brass	DRATION OPENINGS ARE:		d wrapped		8 Saw cut	11 None (open hole)
1 Continuous si			rapped		9 Drilled holes	11 None (open note)
2 Louvered shu						
	• •	ft. to				•
SCHEEN-PERFORA		ft. to				I .
GRAVEL P		ft. to		•		1
GRAVEL FA	From	ft. to		ft., From		to ft.
GROUT MATERIA		(2)Cement grout	3 Bento			
_		0 ft., From				
	source of possible contaminat			10 Livesto		Abandoned water well
	4 Lateral lines	7 Pit privy			torage 15	
2 Sewer lines	(5)Cess pool	8 Sewage lago				
	wer lines 6 Seepage pit	9 Feedyard			cide storage7	ther (specify below)
Direction from well?	W			How man	~ C 1	
FROM TO	ŁITHOL	OGIC LOG	FROM	ТО		OGIC LOG
	Plusaina	Criteria				Jaio Loa
	1 7 7 7 7 7	01.701.4				
	2 1					
1251 10	(ka)					
125' 10	Tement					
CONTRACTOR'S	OR LANDOWNER'S CERTIF	FICATION: This water well wa	s (1) constru	cted. (2) recon	structed, or (3) plugged in	inder my jurisdiction and was
completed on (mo/da	iy/year)	7				knowledge and belief. Kansas
Water Well Contracto	or's License No.	This Water We				
under the business n				by (signati	10 meurine	Ohurran
INSTRUCTIONS: Use	typewriter or ball point pen. PLEAS	SE PRESS FIRMLY and PRINT clear	ly. Please fill in	blanks, underline	or circle the correct answers.	Send top three copies to Kapsas
Department of Health records.	and Environment, Bureau of Water	Protection, Topeka, Kansas 66620-	7320, Telepho	ne: 913-862-9360	. Send one to WATER WELL (OWNER and retain one for your