1									_				
T * * * * * * * * * * * * * * * * * * *		WATER	R WELL I	RECORD	D F	orm WW	/C-5 K	SA 82a-121			1		
LOCATION OF WATER WEL					ar.	. 1	Section N	umber	Township f			e Numi	
county: Sheridan		NW 1/4	NW	1/4	SW	1/4	4		т 8	<u> </u>	R 2	8	E/W
Distance and direction from nearest town or city? 2 Mr. North, 1 mi. west of Hoxie Street address of well if located within city? N/A													
											IV/ A		
-	Melvin Jo								Board of	Agriculturo	Division of V	Vator D	2000111000
	1600 Map				,						33441		
DEPTH OF COMPLETED W	HOXIE, K	ansas	ira Hala I	Diamotar	. 30	n:							
				Jiai Hetei	1 :								
Vell Water to be used as: 5 Public water supply 8 Air conditioning 11 Injection well 1 Perception 2 Feedlet 6 Oil field water supply 9 Powatering 12 Other (Specify below)													
1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)													
	2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Well's static water level 156 ft. below land surface measured on 6 month 16 day 81 year												
Pump Test Data													
			185		after				irs pumping				
TYPE OF BLANK CASING	5 Wrought iron 8 Concrete tile			oncrete tile									
14.7.7.7.	<u> </u>		6 Asbestos-Cement 9 Other (sp			her (specif	fy below)			Welded			
	ABS		7 Fiber						Threaded				
Blank casing dia 16 in. to . 17.2 ft., Dia in. to ft., Dia in. to ft. Basing height above land surface 12 in., weight lbs./ft. Wall thickness or gauge No 188													
TYPE OF SCREEN OR PERFO	PRATION MAT	ERIAL:				7	PVC		10 As	sbestos-cem	ent		
1 <u>Steel</u> 3 5	Stainless steel		5 Fiber	glass		8	RMP (SR	1)	11 0	ther (specify)		
2 Brass 4 <u>0</u>	Galvanized ste	el	6 Conce	ete tile		9	ABS		12 No	one used (o	pen hole)	į.	
Screen or Perforation Openings	Are:			5 (Gauzeo	d wrappe	d	8	Saw cut		11 None (open h	nole)
1 Continuous slot	3 Mill slot			6 <u>7</u>	Wire w	rapped		9	Drilled holes	3			
2 Louvered shutter	4 Key pun				Torch o					• ·			
Screen-Perforation Dia 16													
Screen-Perforated Intervals:	From. W. A	Brown 1	72 .ft. to		232		_. ft., Fi	rom		ft. to .			ft _g
	From Johns												
Gravel Pack Intervals:	From		10 .ft. to		242		ft., Fr	rom	,	ft. to .			- 1
	FF contract												
paje de la companya della companya della companya della companya de la companya della companya d	From		ft. to)									
	1 Neat cement		2 Cemer	t grout		3 Be	entonite	4 Othe	_{er} Conc	rete			
5 GROUT MATERIAL: Grouted Intervals: From	1 Neat cement		2 Cemer	t grout		3 Be	entonite	4 Othe	_{er} Conc	rete			
	Neat cement	10.	2 Cemer	t grout		3 Be	entonite ft. to	4 Othe	er Conc ft., From	rete			
Grouted Intervals: From	Neat cement	10.	2 Cemer	t grout		3 Be	entonite ft. to	4 Othe 0 Fuel store	er Conc ft., From	rețe 14 /	ft. to	vater w	
Grouted Intervals: From	Neat cement ft. to possible contar	nination:	2 Cemer	t grout From	e lagoc	3 Be	entoniteft, to 10	4 Othe 0 Fuel store	er Conc ft., From age storage	rete 14 / 15 (ft. to Abandoned w	vater w	ft. ell
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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, Division of Environment, Water Well Contractors, Topeka, KS 66620. Send one to WATER WELL OWNER and retain one for your records.

1 Steel 3 RMP (SR) 6 Asber 2 PVC 4 ABS 7 Fibe Blank casing dia in. to	RECORD For	rm WWC-	5 KSA 82a-	1212		· · · · · · · · · · · · · · · · · · ·	
Distance and direction from nearest town or city? WATER WELL OWNER: Melvin Johnson RR#, St. Address, Box #: City, State, ZIP Code Hoxie, Kansas DEPTH OF COMPLETED WELL ft. Bore Hole Well Water to be used as: 5 Public water supply 1 Domestic 3 Feedlot 6 Oil field water supply 2 Irrigation 4 Industrial 7 Lawn and garden only Well's static water level ft. below land surface Well water was 4 Type OF BLANK CASING USED: 5 Wround 1 Steel 3 RMP (SR) 6 Asbet 2 PVC 4 ABS 7 Fibe Blank casing dia in to ft. Casing height above land surface in the Land land land land land land land land l	1/4	Sec 1/4	ction Number	Township No	umber S	Range Number	
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INSTRUCTIONS: Use typewriter or ball point pen, please press f copies to Kansas Department of Health and Environment, Division	irmly and PRINT of	learly. Ple	ase fill in blank	s, underline or circ	le the correc	t answers. Send top thre	