		WATER WELL RECOR	D Form WWC-5	KSA 82a-	1212		
1		raction	i	tion Number	Township Numb	per	Range Number
	chell /			20	т 8	S	R 6W EW)
	S of Asherville,	ity street address of well if li Kansas	ocated within city?				
	OWNER: Marcellus						
,	Box # : Beloit, Ka				Board of Agric	culture, Divis	on of Water Resources
City, State, ZIP Coc	de : 67420				Application No	umber:	
LOCATE WELL'S	TON BOX: Depth	PTH OF COMPLETED WEL (s) Groundwater Encountere	ed 1.130	ft. 2		ft. 3	, ., , , ft.
TYPE OF BLANI 1 Steel 2 PVC Blank casing diame Casing height above TYPE OF SCREEN 1 Steel 2 Brass SCREEN OR PERF 1 Continuous 2 Louvered sh	REST. Y Bore I WELL Was a mitted K CASING USED: 3 RMP (SR) 4 ABS	5 Wrought iron 6 Asbestos-Cer 7 Fiberglass . 165 ft., Dia 12 in., weight TERIAL: 5 Fiberglass el 6 Concrete tile RE: 5	I water was I water was In to 185 S Public wate G Oil field wat I 7 Lawn and graple submitted to De 8 Concre ment 9 Other In to 2.8 7 PV 8 RM 9 AB Gauzed wrapped Wire wrapped Torch cut	tt. af tt	ter	ours pumpin ours pumpinin. to 11 Inject 12 Other; If yes, more Yes S: Glued Welded Threaded in. to gauge No. os-cement specify) used (open h	g gpm g gpm g
3CREEN-PERFOR							
GRAVEL	PACK INTERVALS: Fro	om	to 185	ft., Fron	n	ft. to	
GROUT MATER	IAL: 1 Neat cement		to 3 Bento				ft.
		. 20 ft., From .					
	t source of possible contan	-	, , , , , , , , , , , , , , , , , , ,				loned water well
	,						
			7 Pit privy		*	15 Oil well/Gas well	
2 Sewer lines 5 Cess pool		•	8 Sewage lagoon		zer storage	16 Other (specify below) MIddle of pasture	
	sewer lines 6 Seepage pit	t 9 Feedya	ard			lldd⊥e o	i pasture
Direction from well?		1101 0010 1 00	50014	How man		11010010	00
FROM TO 120		HOLOGIC LOG	FROM	ТО	LII	HOLOGIC L	OG
120 185	Sand rock						
				A STATE OF THE STA			White and the same first to the same and the
		ERTIFICATION: This water v	well was (1) constru	cted, (2) reco	nstructed, or (3) plug	ged under n	ny jurisdiction and was
	day/year) 6/14/8음						
		. 186 This Wa					9/4/.88
INSTRUCTIONS: Us	se typewriter or ball point pen. P.	<u>[ater Well Service</u> PLEASE PRESS FIRMLY and PRI	NT clearly. Please fill in	blanks, underline	ure) or circle the correct ans	wers. Send top	three copies to Kansas
Department of Healt	h and Environment, Bureau of V	Water Protection, Topeka, Kansas	s 66620-7320, Telephor	ne: 913-862-936	0. Send one to WATER \	WELL OWNER	and retain one for your
records.	mand Environment, Bureau or v	Mater Protection, Topeka, Narioa			o. Seria one to VVATEIT		Tand retain one for your