				WELL RECORD	Form WWC			
			raction	11.1 11	,, Se	ection Number		Range Number
County:			NW 1/4		W 1/4		T 9 s	R 23 EM)
Distance a	ina airection	from nearest town or c	ity street add	ress of well if located	within city	,		
		Charra Dra						
	R WELL OW	- . -		Y				B
,	Address, Bo			16.40				e, Division of Water Resources
	, ZIP Code	Hill Cit			^		Application Numbe	
3 LOCATE	IN SECTION	I ROY -						
	V .	Depth						. 3
Ť 1.	~ ¦]	! WELL						/yr
-	- NW	NE	•					pumping gpm
1	!							pumping gpm
* w	1	· · · · · · · · · · · · · · · · · · ·						.in. to
-	1	i 1 1					8 Air conditioning	-
-	- SW	(F	Domestic				9 Dewatering	Other (Specify below)
	1							
<u>l</u> L				cteriological sample si	abmitted to i			ves, mo/day/yr sample was sub-
5 TYPE C	DE DI ANIK (mitted		: Mrought iron	9 Conc		ter Well Disinfected? Yes	No X ued . X Clamped
1 Ste		3 RMP (SR)		Wrought iron Asbestos-Cement		rete tile r (specify belov		elded Clamped
1 Ste		4 ABS		' Fiberglass				elded
	_			•				. in. to ft.
								in. το
-	-	R PERFORATION MAT		., woight	7 P		n. wan mickness or gauge	
1 Ste		3 Stainless steel		Fiberglass		MP (SR)		ify)
2 Bra		4 Galvanized stee		Concrete tile	9 A		12 None used	
		RATION OPENINGS AF			d wrapped	50		11 None (open hole)
	entinuous slo		· L ·		rapped		9 Drilled holes	in None (open nois)
	uvered shutt		ched	7 Torch				
						ft Fro		t. toft.
001122111								t. toft.
c	BRAVEL PA							t. toft.
			om			ft., Fro		t. to ft.
6 GROUT	MATERIAL	: 1 Neat cement	2	Cement grout	3 Ben			
								ft. to ft.
		urce of possible contan		NONE				Abandoned water well
1 Se	ptic tank	4 Lateral lines	;	7 Pit privy		11 Fuel	storage 15	Oil well/Gas well
2 Se	wer lines	5 Cess pool		8 Sewage lago	on	12 Fertil	izer storage 16	Other (specify below)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage								
Direction f	rom well?	•				How ma	ny feet?	
FROM	то		HOLOGIC LC)G	FROM	то		G INTERVALS
0	2	Surface				<u> </u>		
2	9	Loess						
9	14	Sandy Clay &			ļ			The state of the s
14	22	Med. Sand w/C			1			
22	39	Sandy Clay w/				1		
39	43	Cemented Sand			Strks.		B7774B-40-48-44-44-4-4-4-4-4-4-4-4-4-4-4-4-4-4	
43	54	Fine to Med.	Sand w/C	lay Layers	1			
54	58	Ochre			_			
58	60	Shale						
						1		A DESCRIPTION OF THE CONTROL OF THE
						 		
				4*	1			THE RESIDENCE WAS ASSESSED.
						1 1		
			RTIFICATION	N: This water well wa	s (1) constr	ucted, (2) reco	onstructed, or (3) plugged	under my jurisdiction and was
completed	on (mo/day/	_{vear)} 9-3-9	7					knowledge and belief. Kansas
Water Wel	Contractor	s License No. 554		This Water We	ell Record w	as completed	on (mo/day/yr) .9-1.2-9	97
under the l	business na	_{me of} Woofter Pu	mp & Wel	1, Inc.		by (signa	~ /	100716
INSTRU	CTIONS: Use ty	pewriter or ball point pen. PLE	ASE PRESS FIRM	ILY and <u>PRINT</u> clearly. Plea	se fill in blanks	, underline or circle	e the correct answers Send top the	ree copies to Kansas Department
of Healt	h and Environm	ent, Bureau of Water, Topeka,	Kansas 66620-0	001. Telephone: 913-296-55	45. Send one t	O WATER WELL O	WNER and retain one for your rece	ords.