LOCATION OF WA	ATER WELL:	WATER WELL R	ECORD For	m WWC-5	KSA 8	2a-1212 er Township Nu	ımher	Range Number
County: 5 le	· / I	SW 14 SW	14 nw	1/4		T 9	S	R 27 E
	n from nearest town or co		vell if located wi		ربر	,		
WATER WELL OV		u Loets	7, 7	1000	, /1.	.		
R#, St. Address, Booting, State, ZIP Code	Park	,Ks				Application	Number:	Division of Water Resources
LOCATE WELL'S I	LOCATION WITH 4 DE	PTH OF COMPLETE	D WELL	135	ft. ELEV	/ATION:	ft 3	
Casing height above YPE OF SCREEN C	Est. Y Bore H WELL 2 Was a mitted CASING USED: 3 RMP (SR) 4 ABS In. to land surface	Pump test data: field	Well water was Well water was well water was in. to	as	ft. ft. ft. ft. ft. supply supply len only rtment? W tile ecify bel	after	hours pur hours pur hours pur 11 l 12 (II; If yes, d? Yes NTS: Glued Threai or gauge No	cd
2 Brass	4 Galvanized stee	•		9 ABS	J. 1,		e used (ope	
CREEN OR PEREO	BATION OPENINGS AR		5 Gauzed w			8 Saw cut	o dood (opt	11 None (open hole)
1 Continuous sl			6 Wire wrap	• •		O Drillad balan		,
2 Louvered shu		ched	7 Torch cut	•		10 Other (specify)	Vac	tual Bridge
CREEN-PERFORAT					# E,	om	, .	ft.
GRAVEL PA	Fro	om	ft. to		ft., Fr	om	ft. to)
T	Fro	om	ft. to		ft., Fr	om	ft. to	ft.
GROUT MATERIA	2		•	3 Bentonite				
	om		rom	ft. to.		ft., From		. ft. to
	source of possible contam					estock pens		andoned water well
Septic tank	4 Lateral lines		Pit privy		11 Fue	l storage	15 Oi	well/Gas well
2 Sewer lines	5 Cess pool		Sewage lagoon			tilizer storage	16 Ot	her (specify below)
_	wer lines 6 Seepage pit	~	eedyard		13 Inse	ecticide storage	• • • • • • • •	
Direction from well?	more					any feet?		300
FROM TO	LIII	HOLOGIC LOG		FROM	TO		LITHOLOGI	C LOG
0 12	1 6 0 C							
12 45	male	all.	·					
	South Ch	Lucier						*****
64 80	Janey C	ay						
80 110	Sarahasi	ماره						
110 117	Santag C	ray -						
1/7 /20	Jany J	ans						
120 128	Sandy C	lay						
128 137	1-ine Jan	م المعالم						
137 164	2 andy Cl	ay						
164 167	Usite 6							
	_							
<u>, </u>	<u> </u>						***	
CONTRACTOR'S	OR LANDOWNER'S CE	RTIFICATION: This w	ater well was	onstructed	l, (2) red	constructed, or (3) pl	ugged unde	er my jurisdiction and was
completed on (mo/day		8.3						wledge and belief. Kansas
Vater Well Contractor	•					on (mo/day <u>/vr)</u>	6 -	83
inder the business na	ຄ ຄ	O illus			by (sign	7.1	L	Rachens
		en, PLEASE PRESS	FIRMLY and PR	INT clearly. F			of circle the	correct answers. Send top
hree copies to Kansas	s Department of Health and							Send one to WATER WELL
DWNER and retain o	ne for your records.							