· · · · · ·	······································		LL RECORD	Form WWC	-5 KSA 82a	-1212		
LOCATION OF W		Fraction	- L		ection Number	Township No		Range Number
	on from nearest town or	NW 1/4 N	t 14 N	W 1/4		T 9	S	R 40 500
	85	2w of	GOODLA		<i>(</i>			
WATER WELL C	OWNER: ERNEST	ELLIOT						
RR#, St. Address, E	30x#: Box 60	\supset				Board of A	griculture, D	ivisjon of Water Resource
City, State, ZIP Cod	10 GOCADL	AND, K	5 67735	-		Application	Number:	NA
LOCATE WELL'S AN "X" IN SECTI	LOCATION WITH 4 [DEPTH OF COMP	LETED WELL.	WK WK	ft. ELEVA	TION:		
Casing height above IYPE OF SCREEN 1 Steel 2 Brass SCREEN OR PERF	WE NE NE Est. Bor WE CASING USED: 3 RMP (SR) 4 ABS OR PERFORATION M. 3 Stainless stee 4 Galvanized s ORATION OPENINGS	Pump test Pump test Yield Pump test Yield Pump test Pump	data: Well wate gpm: Well wate	ft. r was Fublic was Oil field v Lawn and Submitted to Control Other Fublic was Reconstruction Fublic was Fublic was Reconstruction Fublic was Reconstructio	below land sur ft. at ft. at	face measured on fter	mo/day/yr hours pun hours punin. 11 l 12 C II; If yes, d? Yes NTS: Glued Welde Thread Thread or gauge No estos-cemer er (specify) e used (ope	nping gpr nping gpr to fn njection well Other (Specify below) mo/day/yr sample was su No Clamped ded n. to ff
1 Continuous s		=		wrapped		9 Drilled holes		Ti None (open noie)
2 Louvered shi			7 Torch	• •			١	
GROUT MATERIA Grout Intervals: From the second of the seco	PACK INTERVALS: U	From ent © Ce to3 tamination:	ft. to ft. to	3 Ber ft.	tonite 4 to	n	ft. to ft. to 	ft. to
Direction from well?	· -		- · · · · · · · · · · · · · · · · · · ·		How mar	•	.,	
FROM TO		ITHOLOGIC LOG	Han Din	FROM	TO		LITHOLOGI	C LOG
		WN 0F	HOW FLU	(PICE I)	_			
	AS PER	ATTACHE	D SPEC					· · · · · · · · · · · · · · · · · · ·
						-		
							2	
								
								Annual Control of the
CONTRACTOR'S	OR LANDOWNER'S	CERTIFICATION	his water well we	e (1) const	ructed (2) rocci	netructed or 161 -	ugged	er my jurisdiction and wa
ompleted on (mo/de	ay/year)	9-88						er my jurisdiction and wa wledge and belief. Kansa
Vater Well Contracto		•	. This Water W				Stormy Kng	wieuge and belief. Kansa
inder the business r	4.1				as completed of by (signat	· 6 · 7 · 7	1/2	ML
	e typewriter or ball point pen			rlv. Please fill			insvers Send	on thee copies to Kansas
Department of Health records.	and Environment, Bureau o	of Water Protection, To	peka, Kansas 66620)-7320, Teleph	one: 913-862-936	0. Send one to WATE	R WELL OW	NER and retain one for your