COCATION OF WATER WELL: Fraction Name	Resource
stance and direction from nearest town or city street address of well if located within city? 20	Resourc
WATER WELL OWNER: #. St. Address, Box. #. St. Addre	
#. St. Address, Box # Z9 DOTOVAT. R.G. #, State, ZIP Code Kan Sas City, Ks. DOTOVATE WELL'S LOCATION WITH A Spication Number: OCATE WELL'S LOCATION WITH A Spication Number: OCATE WELL'S LOCATION WITH A Spication Number: OCATE WELL'S LOCATION WITH A CONTROL OF THE COMPLETED WELL	
Application Number: Application on Number: Applicati	
DEPTH OF COMPLETED WELL. 35' ft. ELEVATION: WX" IN SECTION BOX: Depth(s) Groundwater Encountered 118 ft. 2 ft. 3 ft. 3	
Pump test data: Well water was fit after hours pumping. Bore Hole Diameter 162 into 255 fit, and 2	
Pump test data: Well water was fi. after hours pumping. Well Water Water To Be UseD As: 5 Public water supply 8 Air conditioning 11 Injection well was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes. No If yes, morday/vr sample was a chemical/bacteriological sample submitted to Department? Yes No	ft
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Bore Hole Diameter	gp
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 12 Other (Specify below) 12 Other (Specify below) 15 Other (Specify below) 16 Other (Specify below) 17 Other (Specify below) 17 Other (Specify below) 17 Other (Specify below) 18 Other (Specify) 18 Oth	
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2 Irrigation 4 Industrial 7 Lawn and garden only (Monitoring well was a chemical/bacteriological sample submitted to Department? Yes	
Was a chemical/bacteriological sample submitted to Department? Yes	
Miled Mater Well Disinfected? Yes No	
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ABS of Fiberglass Threaded X.	1
ank casing diameter \$\overline{A}\$. \$\frac{37.5}{37.5}\$ in. tq \$\frac{10}{10}\$. ft., Dia in. to ft., Dia in. t	
Asing height above land surface. FULLAN MHC. in., weight in., weig	
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open Note of Person N	
CREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Louvered shutter 4 Key punched CREEN-PERFORATED INTERVALS: From. GRAVEL PACK INTERVALS: From. GROUT MATERIAL: 1 Neat cement To the to the rearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Gauzed wrapped 8 Saw cut 11 None (open in the problem) 10 Other (specify) 10 Other (specify) 11 None (open in the problem) 12 Form ft. to the problem in the	
1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From. 25' ft. to 6 ft., From ft. to GRAVEL PACK INTERVALS: From. 25' ft. to 6 ft., From ft. to GROUT MATERIAL: 1 Neat cement 10 Other (specify) From ft. to GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Jentonite 4 Other Tout Intervals: From. ft. to hat is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 5 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO CONCRETE TABLE 1 Neat cement 2 Cement grout 3 Jentonite 4 Other Tout prive 1 Full prive 1 From ft. to 1 Julivestock pens 1 4 Abandoned water w 1 Septic tank 4 Lateral lines 7 Pit privy 1 Fuel storage FROM TO PLUGGING INTERVALS 1 Sand & gravel, packed, is. The CONCRETE TUBBLE. 1 10 Med brn-gray silt to clayery 5 Silt, moist, firm, no ocor. O 25 Err. fine creained sand, darg,	h - ! - \
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From. 25 ft. to 0 ft., From ft. to ft., From ft.	noie)
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GRAVEL PACK INTERVALS: From. Q5 ft. to 6 ft., From ft. to ft., From ft.,	
GRAVEL PACK INTERVALS: From. 15. 1. to 16. 16. From 16. to 16. From 16. From 16. To 16. From 16. Fro	
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silt, moist, firm, no odor. 0 25 Brn fine grained sand, dry,	
0 25 Brr. fine grained sand, dry,	
no odom., wet at 18'	
F1. Mt. GK'd By Don Taylo	or
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction	
impleted on (mo/day/year)	
ater Well Contractor's License No. This Water Well Record was completed on (mo/day/yr)	
ter the business name of JB ENVILONMENTAL DIVILLING by (signature) James Bubu	
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Depart of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	