LOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL JOB N. ELEVATION: Depth () Groundwise Encountered 1 N. 12 N. 2 N. 3 N. N. IN SECTION BOX. Depth () Groundwise Encountered 1 N. 12 N. 12 N. 13 N. 14 N. 15 N.			WATER WELL RECORD	Form WWC-	5 KSA 82a	-1212		
TYPE OF BLANK CASING USED: 1 Steller and direction from nearest town or dry sinet address of well it ideated within only? 1 Steller and direction from nearest town or dry sinet address of well in Casing National Part of Apriculture, Division of Water Resources Rep. 8. Address Rose # On Part of Apriculture, Division of Water Resources Rep. 8. Address Rose # On Part of Apriculture, Division of Water Resources Rep. 8. Address Rose # On Part of Resources Rep. 8. Address Rose # On Part of Resources Resou		ER WELL: Fra		Se	ction Number	Township Numb	per	Range Number
MATER WELL SLOCATION WITH A CAMPAGE AND A CA		077E 1	UWW NEW N		27	T /O	s	R 25 (EW
MATER WELL ONNER. SERV. 9. Address. 200 December December	4 .			ed within city?		•		-
Signate Stock St	.100 KIN	INFL BERG	ER RD.	KC	KS			
Sine J. Doctor St. Comment of Water Resources (I). State. J. P. Doctor St. Doctor St. Doctor Willed J. DEPTH OF COMPLETE WELL J. D. R. LEEVATION: AN Y. IN SECTION BOX: WELL STATIC WATER LEVEL. WELL STATIC WATER LEVEL. Pump lest data: Well water was Est. Yield gop: Well water was I bland in, to got file (Specify below) Type: OF BLANK CASING USED: 5 Wind was a chemical bacterioocjacial sample submitted to Department? Yes. No. Type: OF BLANK CASING USED: 5 Wind was a chemical bacterioocjacial sample submitted to Department? Yes. No. Type: OF BLANK CASING USED: 5 Wind was a chemical bacterioocjacial sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly sample was submitted to Department? Yes. No If yes, modayly s	WATER WELL OW	IER: GEWERA	AL MOTORS	CARA	2, ,			
Section Present Pres				DIN'	•	Board of Agric	culture, Di	vision of Water Resources
LOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL JOB N. ELEVATION: Depth () Groundwise Encountered 1 N. 12 N. 2 N. 3 N. N. IN SECTION BOX. Depth () Groundwise Encountered 1 N. 12 N. 12 N. 13 N. 14 N. 15 N.	City, State, ZIP Code	KC KC	5 66/15			-		
WELLS STATIC WATER LEVEL. But WATER LEVEL. WATER LEVEL. SET VIOLE WATER TO BE USED AS. 5 PUblic water supply 8 As conditioning 11 injection well 1 Dimestion. 1 Dimestic 3 Seedot 6 Oil field water supply 8 As conditioning 11 injection well 1 Dimestic Grant Programment of Public Water Supply 9 Dewatering 12 Other (Specific Well Water Supply 9) Dewatering 12 Other (Specific Well Water Supply 9) Dewatering 12 Other (Specific Well Water Supply 9) Dewatering 12 Other (Specific Well Water	LOCATE WELL'S LO					TION:		
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Bore Hole Diameter. In. to ft., and in. to ft. and in. to ft. plan ft. bases and ft. and in. to ft. plan ft. plan	NW	- NE						
WELL WATER TO BE USED AS: 5 Public water supply 9 earl conditioning 12 Chine (Specify below) 1 Domestic 3 Feedot 6 Oil felid water supply 9 Develoring 12 Chine (Specify below) 1 Size	1 1 1	· • •						. •
1 Domestic 3 Feedin 6 Oil field water supply 9 Dewatering 12 Other (Specifly below)	# w 1	Bore H	lole Diameterin. to)		and	in. 1	to
2 Irrigation	₹" !	WELL	WATER TO BE USED AS:	5 Public wat	er supply	8 Air conditioning	11 ln	jection well
Was a chemical/bacter/ological sample submitted to Department Yes No	Ī sw l	(Domestic 3 Feedlot	6 Oil field wa	ater supply	9 Dewatering	12 O	ther (Specify below)
TyPE OF BLANK CASING USED: 1 Steel 3 RMF (SR) 6 Abbestos-Cement 9 Other (specify below) Welded . Clamped . 2 PVC 4 ABS 7 Fiberglass Threaded 1.		2	Irrigation (4) Industrial	7 Lawn and	garden only	10 Observation well		
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Abbestoe-Cement 9 Other (specify below) Welded 2 PVC 4 ABS 10. 10. 16. Dia 10. Di		l Was a	chemical/bacteriological sample	submitted to D	epartment? Ye	esNo	.; If yes, r	no/day/yr sample was sub-
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1 Steel 3 RMF (SR) 6 Abestos-Cement 9 Other (specify below) Welded. 2 PVC 4 ABS 7 Fiberglass Trreaded. Stark casing diameter in. to ft., Dia in. to ft., Dia in. to ft., Dia in. to ft. Dia ft.	TYPE OF BLANK C	ASING USED:	5 Wrought iron	8 Conci	ete tile	CASING JOINT	S: Glued	Clamped
2 PVC 4 ABS 7 Fiberglass Threaded. Stains casing diameter in. to ft. Dia in. The form ft. to ft. Dia in. The form ft. Dia in. to ft. Dia in. The form ft. Dia in. to ft. Dia in. The form ft	1 Steel	3 RMP (SR)	•					•
Sank casing diameter in. to ft. Dia in. weight Dia in. weight Dia in. weight Dia in. weight Dia in. to ft. ft. Dia in. to ft. Dia ft. Dia in. to ft. Dia	2 PVC	` '	7 Fiberglass			•		
Casing height above land surface in, weight bs./ft. Wall thickness or gauge No. NYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-coment 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) 5 CREEN OR PERFORATION OPENINGS ARE 5 Gauzed wrapped 8 Saw out used (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 0 Continuous slot 3 Mill solt 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 0 Continuous slot 3 Mill solt 6 Wire wrapped 9 Drilled holes 10 Continuous slot 7 Key punched 7 Torch cut 10 Other (specify) 0 Continuous slot 7 Key punched 7 Torch cut 10 Other (specify) 0 Continuous slot 8 Mill solt 10 Continuous slot 1 Key punched 1 Torch cut 1 Key punched 1 Torch cu	Blank casing diameter	in. to .	•					
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From		, , , , , , , , , , , , , , , , , , , ,						
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GROUT MATERIAL: Neat cement SWIP Cement grout 3 Bentonite 4 Other Grout Intervals: From OS	GRAVEL PAC	K INTERVALS: Fro	m ft. to .		ft., Fro	m <i>.</i>	ft. to	
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What 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 12 Fertilizer storage 13 Insecticide storage 16 Other (specify below) 13 Insecticide storage 15 Oil well/Cas well 16 Other (specify below) 17 FROM 18 Insecticide storage 19 FROM 19 FROM 10 LITHOLOGIC LOG 19 FROM 10 LITHOLOGIC LOG 10 FROM 10 LITHOLOGIC LOG 11 FROM 10 LITHOLOGIC LOG 12 FROM 10 LITHOLOGIC LOG 13 FROM 10 LITHOLOGIC LOG 14 FROM 10 LITHOLOGIC LOG 15 FROM 10 LITHOLOGIC LOG 16 FROM 10 LITHOLOGIC LOG 17 FROM 10 LITHOLOGIC LOG 18 FROM 10 LITHOLOGIC LOG 18 FROM 10 LITHOLOGIC LOG 19 FROM 10 LITHOLOGIC LOG 18 FROM 10 LITHOLOGIC LOG 18 FROM 10 LITHOLOGIC LOG 19 LITHOLOGIC LOG 19 LITHOLOGIC LOG 19 LITHOLOGIC LOG 19 LITHOLOGIC LOG 10 LITHOLOGIC LOG 1	Grout Intervals: From	1 1.08 ft. to .	ft., From	ft.	to	ft., From		. ft. to
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2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 500	1 Septic tank	4 Lateral lines	7 Pit privy		11 Fuel	storage	15 Oil	well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? SUCE PRODUED	2 Sewer lines	5 Cess pool	8 Sewage la	goon			≤ 16 Oth	ner (specify below)
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PUDGGED THRU DING HUD BERNE DUSTRUCTION CONTROLLED TO SUPFACE WITH SURFACE SOLVE ROUND AND FILE OF THE WELL OWNER and PRINT clearly. Please fill in blanks, underline or circle the correct answirs. Send top three-opples to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66520-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and refain one for your		LITH	HOLOGIC LOG	FROM	+	1.17	HOLOGIC	C LOG
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water Well Contractor's License No	7 00177407777		,,					
Water Well Contractor's License No								
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three topies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your							of my kyro	wledge and belief. Kansas
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Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your				16 6			De	wa
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