County SHAMMEDE SHAME	4 1 004 71	ON OF 14/45			AIEH I	WELL HECOP	י טוי	-orm wwc							
Distance and direction from nearest town or city streat address of well it located within city? 3. millise casts, 2. north of 5.51/ver. Lake WATER WELL OWNER Mary NICOSE WATER WELL OWNER Mary NICOSE SILVEY Lake, XS 66539 APPLOAD Application Number: Application Number: Application Number: Application Number: SILVEY Lake, XS 66539 CORTE WELL SCOATION WITH ANX'N IN SECTION BOX. Power of the control of the contr				Fraction				i		1	•		1	7 4-	
## WATER WELL OWNER ## WATER VELOWER ## WATER VELOWER ## WATER VELOWER ## SAddress, Bor #* Rt. 1 4321 N.W. Huxman Rd. ## SECTION OF STATES Address, Bor #* Rt. 1 4321 N.W. Huxman Rd. ## SECTION OF STATES ADDRESS ADD										<u> </u>	77	S	I R		E/W
WATER WELL OWNER Mary Nicoce Silver Lake, KS 66339 Application Number: Silver Lake, KS 66339 Application Number: Application Number: Silver Lake, KS 66339 Application Number: Silver Lake, KS				•			located	within city?							
Fine, St. Address, Box # : Rt. 1 4321 N.W. HUXMEN RB. St. No.		<u>3 miles</u>			Silv	er Lake									
Silver Lake, KS 66539 Application Number Silver Lake, KS Silver Lake, KS Silver Lake, KS Silver Lake, KS Silver	2 WATER	R WELL OW	ner: Mary	Nioce											
Secretary Secr		Address, Box	#: Rt.	1 4321	N.W	. Huxman	Rd.			Во	ard of Ag	riculture, [Division o	of Water F	Resource
Secretary Secr	City, State.	. ZIP Code	: Silv	er Lake	. KS	66539				Ap	plication	Number:			
Depthig Groundwate Encountered 1. ft. 2. ft. 3							1.1	60'	# ELEV/						
WELL STATIC WATER LEVEL 27. It below land surface measured on modayry 1.0/14/98. WELL STATIC WATER LEVEL 27. It below land surface measured on modayry 1.0/14/98. Earl Fluip lest data. Well water was 1. 8. after hours pumping 98 for 10 hours pumping 12 cher (Specify below) 1.0 hours pumping 12 cher (Specify below) 1	AN "X"	IN SECTION	IRCIX.	_											
Pump lest data. Well water was t. after hours pumping grad to the company of the															
Est Yield 5 gm. Well water was ft. after hours pumping gr Bore Holo Bonneter 1, 12" in 10 to ft. and dilloring 11 Injection well 12 Inject	† 1	- i - I											,	,	
Bore Nole Diameter. 1.2". In. to	-	- NW	NE												
Type 1	1 1	· 1	, X [E	Est. Yield	⊋ <i>.</i>	. gpm: We	ll water	was	ft. a	after		hours pur	mping		gpm
1	.≗ w L			Bore Hole Di	ameter	12"	in. to .			and		in.	to		<i>.</i> ft.
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Montrolring well was a chemical bacteriological sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes X. No. X. If yes, moldayly sample was sample submitted to Department of Sheder (Park Yes, X. No. X. If yes, moldayly sample was	₹ "	!!		WELL WATE	R TO	BE USED AS	: 5	Public wat	er supply	8 Air cond	ditioning	11	Injection	well	
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Montrolring well was a chemical bacteriological sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. No. 1 Yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes. X. No. X. If yes, moldayly sample was sample submitted to Department? Yes X. No. X. If yes, moldayly sample was sample submitted to Department of Sheder (Park Yes, X. No. X. If yes, moldayly sample was	7	- 5		1 Domes	stic	3 Feedlot	6	Oil field w	ater supply	9 Dewate	ring	12 (Other (S	pecify belo	low)
No. X	1	- 3W	3:	2 Irrigation	on	4 Industria	al 7	Lawn and	garden only	10 Monitor					
Type Grank CASING USEC S Wrought iron S Concrete tile CASING JOINTS: Glued X . Clamped .		- 1 1		Was a chemic	cal/bac	teriological sa			-						
TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded	I												,		•
1 Sleek 3 RMF (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 2 PVC	5 TYPE C	OF BLANK C			5	Wrought iron		8 Conc					X		1
2 PVC	_			١		ū					140 5011				
Blank casing diameter 5" in to 0-28 ft, Dia 5" in to 48-59 ft, Dia in to Casing height above land surfaces 24" in, weight 2,92 bs.ft. Wall thickness or gauge No. 258				,			ment	9 Other	(specify belo	•					
Casing height above land surface 24" in, weight 2,92 ibs/ft. Wall thickness or gauge No.		<u>C</u>	4 ABS	. 0.	_20 ′	Fiberglass	5 ##		18-59			Inrea	.aea		
TYPEC SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Isaliness steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	Blank casir	ng diameter	اا	n. to 9:		ft., Dia		in. to) 4 9-53	ft., Dia	ı	!	in. to		ft.
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2 Brass	TYPE OF	SCREEN OF	R PERFORATION	MATERIAL:				_7 P\	<u>/C</u>		10 Asbe	stos-ceme	nt		
SCREEN OR PERFORATION OPENINGS ARE: 1	1 Ste	el	3 Stainless	steel	5	Fiberglass		8 RI	MP (SR)		11 Other	r (specify)			
1 Continuous slot 3 Mill slot 6 Wire wrapped 7 Torch cut 10 Other (specify) 10 Other (specify) 10 Other (specify) 10 Other (specify) 11 Other (specify) 11 Other (specify) 11 Other (specify) 12 Other (specify) 12 Other (specify) 13 Other (specify) 14 Other (specify) 15 Other (specify) 15 Other (specify) 15 Other (specify) 16 Other (specify) 16 Other (specify) 17 Other (spe	2 Bra	ass	4 Galvanize	d steel	6	Concrete tile		9 A	38		12 None	used (ope	en hole)		
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)	SCREEN (OR PERFOR	ATION OPENING	S ARE:		5	Gauze	wrapped		8 Saw o	ut		11 Non	e (open h	hole)
SCREEN-PERFORATED INTERVALS: From 28	1 Co	ntinuous slot	3 Mill	l slot		6	Wire w	rapped	_	9 Drilled	holes				
SCREEN-PERFORATED INTERVALS: From 28	2 Lou	uvered shutte	er 4 Key	y punched		7	Torch o	cut		10 Other	(specify)				
From 59	SCREEN-F	PERFORATE	-		. 28		to	48	ft Fro						
GRAVEL PACK INTERVALS: From				From	59	ft	to	60	ft Fro	nm		ft to	•		ft
From	G	RAVEL PAG	CK INTERVALS:		24	ft	to	60	ft Fro	om		ft to)		ft
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	_														ft
Grout Intervals: From.	6 GBOUT	MATERIAL	1 Neat ce		2 (
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 15 Oit well/Gas well 17 Fertilizer storage 18 Other (specify below) 18 Insecticide storage 19 Fertilizer storage 19 Feedyard 19 Insecticide storage 10 Other (specify below) 10 Insection from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 1 Top Soil 1 5 Brown Clay-Sandy 5 13 Brown Clay 13 Insection from well? Fine to Med. Chert 18 19 Grey Sandy Clay 19 21 Brown Sandy Clay 29 32 Tan Sandy Clay 29 32 Tan Sandy Clay 32 34 Med-Coarse Chert 34 38 Brown Sandstone 38 43 Grey Sandstone 43 48 Grey Sandy Shale 48 56 Grey Shale 56 58 Grey Limestone 58 60 Grey Shale 59 Top Strader Well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on (mo/day/year) 19 In Water Well Contractor's License No. 182 This Water Well Record was completed on (mo/day/yt) 10 Viginature) 10 Viginature) 11 Fuel storage 15 Oit well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 17 Events 18 Insection from well? 18 PLUGGING INTERVALS 19 PLUGGING INTERVALS 10 Viginature) 10 Viginature) 10 Viginature) 11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 10 Other Well Record was completed on (mo/day/yt) 10 Viginature) 10 Viginature) 10 Viginature) 11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 16 Other (specify below) 17 Events 18 Viginature) 18 Viginature) 19 Viginature) 19 Viginature) 19 Viginature) 19 Viginature) 19 Viginature) 10 Viginature) 11 Viginature Viginature 11 Viginature 12 Viginature 13 Insecticide storage 16 Other (specify below) 16 Other Viginature 16 Viginature 17 Vi	_					•									
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3 Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Creek							•			•					
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FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 1 Top Soil To	3 Wa	atertight sew	er lines 6 Seepa	ge pit		9 Feedy	ard		13 Insed	cticide stora	_	cree	K		<i></i>
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	Water Well	Contractor's	License No	TQZ		This Wa	ater We	II Record w	as completed	on (mo/dev	//vir)	11 1/1		9	
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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 copies to Kansas Department 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.		business nar	ne of STRAI	DER DRII	LIN	G CO., IN	vc.		by (signa	ature)	Idl	ello	sk.	en	