LOCAT		TER WELL:	Fraction		1	tion Number	Township N	lumber		e Number
County:				14 S.W. 14 N.H		_25	т 11	S	R 1	<b>ં (ક</b> !×w
istance	and direction			address of well if located		4				
				st, and 1/2 south	oi Gran	tville,	hs.			
WATE	R WELL OW	VNER: Hook E	Bros.							
IH#, St.	Address, Bo	x # Route	3, Box 199	9				-		Nater Resource
							Application	n Number:	40,555	5
LOCAT	E WELL'S L	OCATION WITH	4 DEPTH OF	COMPLETED WELL.	).) '4'ò'''₩	ft. ELEVA	TION:			<i></i>
AN A	IIV SECTION	N BOX.	Depth(s) Grou	ndwater Encountered 1,	‡ · · · · · · · · · · · · · · · · · · ·	ft. 2	L <i></i>	ft. 3	B	
	1	!	WELL'S STAT	IC WATER LEVEL	:†ft.b	elow land sur	face measured or	n mo/day/yr		[{
l.	NW	NE	Pu	mp test data: Well wate	r was 👯	ft. a	ter	. hours pu	mping . 🤌	9p
	1		Est. Yield . 7	50 gpm: Well wate	rwas 🚉	ft. at	ter	. hours pu	mping	?∵ <b>gp</b>
` w  -	ı	E	1	meterin. to.			and	in	. to	
·	!	!   `	WELL WATER		5 Public wate		8 Air conditioning		•	
. I.	sw	SE	1 Domest				9 Dewatering		٠.	
	1	ĩ	2 Irrigation		_	-	0 Monitoring well			
L	ı	1	Was a chemica	ជី/bacteriological sample s	ubmitted to De	epartment? Ye	sNo <sub>2</sub>	$_{ ilde{ imes} imes}$ ; If yes	, mo/day/yr	sample was s
		<u> </u>	mitted			Wat	er Well Disinfecte			o xx
TYPE	OF BLANK (	CASING USED:		5 Wrought iron	8 Concre	ete tile	CASING JO	INTS: Glue	$d_{-\mathbf{X}\mathbf{X}}$ $C$	lamped . $_{ m XX}$ .
1 St		3 RMP (S	R)	6 Asbestos-Cement	9 Other	(specify below	<b>'</b> )			
2 P\		4 ABS		7 Fiberglass						
lank cas	ing diameter	16	.in. to	33 ft., Dia	$\dots$ . in. to		ft., Dia		in. to	<u></u>
asing he	eight above la	and surface		in., weight		Ibs./f	t. Wall thickness	or gauge N	o • <sup>20</sup>	
YPE OF	SCREEN O	R PERFORATIO	N MATERIAL:		.7_P.V.	Q.	10 Ast	bestos-ceme	ent	
1 St	teel	3 Stainles	s steel	5 Fiberglass	8 RM	P (SR)	11 Oth	ner (specify)		
2 Br	rass	4 Galvaniz	zed steel	6 Concrete tile	9 ABS	S	12 No	ne used (op	en hole)	
CDEEN	OR PERFOR	RATION OPENIN	IGS ARE:	5 Gauze	d wrapped		8 Saw_cut		11 None	(open hole)
CHEEN										
	ontinuous slo	ot 3 M	fill slot	6 Wire v	vrapped		9 Drilled holes			
1 Co 2 Lo	ouvered shutt	ter 4 K	ey punched	7 Torch	cut		10 Other (specif			
1 Co 2 Lo	ouvered shutt		ey punched From	7 Torch 	cut 53	ft., Fror	10 Other (specif	ft. t	o	
1 Co 2 Lo SCREEN-	ouvered shutt	ter 4 K ED INTERVALS:	ey punched From From	7 Torch	cut53	ft., Fror ft., Fror	10 Other (specif	ft. t	o o	
1 Co 2 Lo CREEN-	ouvered shutt	ter 4 K	ey punched From From	7 Torch33	cut53	ft., Fror ft., Fror ft., Fror	10 Other (specif	ft. t ft. t ft. t	o	
1 Co 2 Lo CREEN-	ouvered shuttonered shuttonered shuttonered shuttonered shuttened	ter 4 K ED INTERVALS: CK INTERVALS:	ey punched From From From	7 Torch	cut53	ft., Fror ft., Fror ft., Fror ft., Fror	10 Other (specifing the control of t	ft. t ft. t ft. t _ ft. t	o	
1 Co 2 Lo CREEN-	DUVERED SHUTT PERFORATI GRAVEL PA T MATERIAL	ter 4 K ED INTERVALS: CK INTERVALS: .: 1 Neat	From From From From	7 Torch	cut5353	ft., Fror ft., Fror ft., Fror ft., Fror	10 Other (specifing the specific specif	ft. t ft. t ft. t	o	
1 Cc 2 Lc CREEN- GROU	GRAVEL PA T MATERIAL ervals: Froi	ter 4 K ED INTERVALS:  CK INTERVALS:  1 Neat	From From From cement .ft. to18	7 Torch	cut5353	ft., Fror ft., Fror ft., Fror ft., Fror nite 4	10 Other (specifing	ft. t. ft. t. ft. t. ft. t	o	
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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 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.