		WA	TER WELL REC	ORD Form WWC-5	KSA 82a-	1212 ID No		
		TER WELL:	Fraction	N1.7 Q1.1		tion Number	Township Number	
County: L	<u> </u>	OTF		NW ¼ SW address of well if located	within city?	12	т 11	s R 24 EW
North	of 48	POO KAIO	DRIVE.	DFUL LLC	- City:			
	ddress, Box	# :4800 H	KAW BRIVE 15 CITY, KS				Board of Agricul Application Num	ture, Division of Water Resources
-		OCATION WITH		COMPLETED WELL	115	ft. ELEVAT	TON:	
AN "X" IN	N SECTION	BOX:	Depth(s) Groun WELL'S STATI	C WATER LEVEL	ft. beld	w land surface	e measured on mo/day	ft. 3 ft. /yr
w	-NW	NE	Est. Yield	gpm: Well wate TO BE USED AS: 5 3 Feedlot 6	r was Public water s Oil field water	ft. a supply supply	fterh 8 Air conditioning 9 Dewatering	ours pumping
	-sw	- SE	Was a chemica mitted	al/bacteriological sample	submitted to I		res No X; If ter Well Disinfected? Y	yes, mo/day/yrs sample was sub- es No
1 Stee	el	CASING USED: 3 RMP (S		5 Wrought iron 6 Asbestos-Cement	8 Concre 9 Other (ete tile (specify below)		: Glued Clamped
2 PVC	;	4 ABS		7 Fiberglass				ThreadedX
								in. toft.
Casing height above land surface				in., weight			ibs./π. waii thickness o 10 Asbesto	• •
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel			5 Fiberglass 6 Concrete tile	rglass 8 RMP (SR)		11 Other (Specify)		
SCREEN (OR PERFO	RATION OPENII	NGS ARE:	5 Guaz	ed wrapped		8 Saw cut	11 None (open hole)
	tinuous slot vered shutte		fill slot (ey punched	7 Torch				ft.
SCREEN-F	PERFORAT	ED INTERVALS	: From	115 ft. to	105	ft., From		ft. toft.
(GRAVEL PA	CK INTERVALS	From:	ft. to 115ft. to	ഥാ	ft., From		ft. to ft. ft. to ft.
`	311,10 2217	.0	From	ft. to		ft., From		ft. to ft.
6 GBOL	T MATERIA	AL: 1 Nea	t cement	2 Cement grout	(3) Bent	onite 4	Other	
Grout Inter	vals: Fro	m 93 m		ft., From	ft. t	0	ft., From	ft. toft.
What is the	e nearest so	ource of possible	contamination:			10 Livest	ock pens	14 Abandoned water well
1 Septic tank 4 Lateral lines			7 Pit privy		11 Fuel storage		15 Oil well/Gas well	
	ver lines	5 Ces		8 Sewage lagoon		12 Fertilizer storage		Other (specify below)
3 Watertight sewer lines 6 Seepage pit				9 Feedyard		13 Insecticide storage		LNI DE JUL
Direction fr FROM	om well?	1	LITHOLOGIC	2106	FROM	How man		NG INTERVALS
O	<i>3</i> 9	FROTU N	RILL	3 100	THOW	-10	1 2000	ING INTERIVACO
39	42	DEATHE	RED BEN	SUCK				
42	115	BEDROY	ζ					
					1			
		<u> </u>						
					<u> </u>			
					-	Ð		
		<u> </u>					w-3	
Z CONTR	ACTOR'S	OR LANDOWNE	R'S CERTIFICA	TION: This water well w	as (1) constru	ucted, (2) reco	nstructed, or (3) plugg	ed under my jurisdiction and was
•		•	650 650	This Water	Well Possed	and this red	cora is true to the best o	f my knowledge and belief. Kansas
	Contractor's usiness nar	s Licence No		_	vven necord		signature)	
			T LOCAL		e fill in blanke und			e conies to Kansas Department of Health
and Enviro	nment, Bureau	of Water, Geology Se each <u>constructed</u> well	ection, 1000 SW Jacks	on St., Suite 420, Topeka, Kansa	s 66612-1367. Tel	ephone 785-296-5	522. Send one to WATER WEL	L OWNER and retain one for your