		\\/	TER WELL RE	COPD	Form W	\MC-5	KSA 82a	·1212 ID No			Ø	,
	TION OF WA	TER WELL:	Fraction	sw		sω ₁₄	Se	ction Number	Township Num	ber S	Range Nu	mber EW
Distance a	nd direction	from nearest to		address o	of well if l	ocated w			•			
2 WATER WELL OWNER: Shell oil Producto, u.S.												
RR#, St. A City, State,	ddress, Box , ZIP Code	# : 308 : Cas	Wilcox He PM	,#101 E.Co	la 80	104	الاردم		Board of Agric Application No	umber:		
		CATION WITH	4 DEPTH OF	COMPLET	TED WEI	_L <i>l</i> .:	9'4"	ft. ELEVAT	TON:			
AN "X" II	N SECTION	BOX:	Depth(s) Grou			red 1	ft bel	ft. ow land surface	2e measured on mo/da	ft. 3 av/vr 3 .	5-04	ft.
			P	ump test d	ata: We	ell water	was	ft. a	fter	hours pum	ping	gpm
-	-NW	- NE		gpm: Well water was ft. after hours pumping gpn RTO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well								
w_	_	<u>¦</u>	1 Domest 2 Irrigation									
**	I.	1	L migation		iaaotiiai	, 5	omeone (ia	m a gardon, s	Julion morning wom			
-	-SW	- SE !	Was a chemic mitted	cal/bacterio	l/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub Water Well Disinfected? Yes							
5 TYPE	OF BLANK	CASING USED:		5 Wrou	ught iron		8 Concr	ete tile	CASING JOIN			
1 Stee		3 RMP (SI 4 ABS	R)	6 Asbe	estos-Cer	nent		(specify below)		Welded	×	
Blank casi	ng diameter	2.375	in. to	4	ft.,	Dia		in. to	ft., Dia		in. to	ft.
_	-		. •	ا in., الكليك	weight				lbs./ft. Wall thickness			2
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel				5 Fiber	5 Fiberglass			/C. MP (SR)	10 Asbestos-Cement 11 Other (Specify)			
2 Bras		4 Galvania	zed Steel		crete tile		9 A			used (open		
		RATION OPENI					d wrapped		8 Saw cut 9 Drilled holes	1	None (open	hole)
1 Continuous slot 2 Louvered shutter 4 Key punched					6 Wire wrapped7 Torch cut				10 Other (specify)			
SCREEN-	PERFORAT	ED INTERVALS		9'								
	GRAVEL PA	CK INTERVALS	From	74"	ft.	to	i	ft., From .		ft. to	•••••	ft. ft
6 GROL	JT MATERIA	AL: 1 Nea	t cement	2 Ce	ement gro	out	. (3)Ben	tonite 4	Wher Concel	te		
Grout Inte		m	➡. ft. to 1 />∠ .	f	t., From	1	13 th	to Surface	£ ft., From	f	t. to	ft
		ource of possible					9	10 Civesto	•		ndoned water	well
	otic tank wer lines		ral lines			t privy	goon	11) Fuel st	torage er storage		vell/Gas well er (specify belo	OW)
2 Sewer lines 5 Cess pool 3 Watertight sewer lines 6 Seepage pit				9 Feedyard 13 In				secticide storage				
Direction f	rom well?	outh							w many feet? 80 '			
FROM	TO	0 601	LITHOLOG	IC LOG			FROM	то	PLUG	GING	CATA TO	
150	150 610	ASPINIO	vimitas	tains	1 10	de	Louis			4110	0 1 200/	<u> </u>
		and oh	Ley Dark	Low	i di	4				AUU	3 1 ZUU4	
6.0	14.0	Ling nut	Detain	edici	rter	ndd	ed on	200		BUREA	U OF WA	TER
14.0	18.0	Linests	ne w/ h	Lays	rafe	stre	nges		CU 0124	<i>.</i>	0-	7 - 5
18,0		RIANU	16100	s ym		Sh	11/1	01	F.H.OKA	DIF	S. Iayi	m)
10/0	19,4	CRUEKSA	Mare J.		<u>un u</u>	0,// /	u, a	4				
乙 CONTR	ACTOR'S	OR LANDOWNE	R'S CERTIFIC	ATION: Th	nis water	well was	s (1 constr	ructed (2) reco	nstructed, or (3) plug	gged under	my jurisdiction	n and was
Completed	on (mo/day/) Contractor's	year) Iolo	132 132		This	Water	Vali Bassid	and this red	cord is true to the best	of my know	ledge and beli	ef. Kansas
under the h	ueineee nan	ne of CAS				, viale v	· on Theodia		signature 2			

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please#ill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.