| . I | | | WAT | ER WELL RECO | ORD Fom | | KSA 82a-1 | | |
|---------------|--------------------------|--|---------------------------------------|---------------------------------------|---------------|--|--|--|--|
| _ | ON OF WATE | | | NINA/ | . C/A/ | | on Number | Township Number | |
| | WYAN d direction from | | wn or city street ac | | SW | | 4 | т 11 с | S R 25 |
| Distance and | u direction noi | ii iicaicst to | will of only street at | Juless of Meli II | 301 N M | | | | |
| 2 WATER | WELL OWNE | R: PETE | 'S SERVICE, | INC | | | | | |
| | | | STATE AVE | | | | | Board of Agriculture | e, Division of Water Resource |
| O'4 . Otala * | 710 0-4- | . KANS | AS CITY KS | 86086 | | | | Application Number | |
| 3 LOCATE | WELL'S LOC | ATON WITH | 4 DEDTH OF | COMPLETED! | A/CL I | 20.5 | # EI EV | ATION: | ft. 3 |
| AN -X IN | A SECTION B | OX: | Depth (s) Groups | JUMPLE IED V | torod 1 | 16 | 5 # | 2 | ft. 31 |
| | | | 1 , , | | | | | | o/day/yr 10/11/00 |
| | N N | | | | | | | | ours pumping gpr |
| 1 | | | | | | | | | ours pumpingGp |
| - | NW | NE | Bore Hole Diam | eter 8.625 | in to | 20. | 5 | ft and | in to |
| ∯ w L | | | WELL WATER | TO BE USED A | ĀS: 5 Put | lic water su | pply | 8 Air conditioning | in. to 11 Injection well 12 Other (Specify below |
| - X | | | 1 Domesti | c 3 Feed lot | 6 Oil | field water s | upply | 9 Dewatering | 12 Other (Specify below |
| | sw | SE | 2 Irrigation | | | | |) 10 Monitoring well | |
| 1 1 | 1 | <u> </u> | Was a chemical | /bacteriologica | l sampie su | omitted to D | epartment? | Yes No X | If yes, mo/day/yr sample was |
| <u> </u> | <u> </u> | | Submitted | | | | | ter Well Disinfected? Y | |
| 5 TYPE OF | F BLANK CAS | SING USED: | | 5 Wrought | t Iron | 8 Concre | te tile | CASING JOINTS: | Glued Clamped |
| 1 Ste | | 3 RMP | (SR) | 6 Asbesto | s-Cement | 9 Other (| specify below | | Welded |
| 2 PV | C X | 4 ABS | | 7 Fibergla | ss | | | | Threaded X |
| Diank essine | n diameter | 2 | in to 4 | Ft., | | | | | in. to |
| Casina baia | bt shove land | ourfood | Flush | in weight | Sc | h 40 | l bo # | Mall thickness or gove | ge No. |
| | | | ON MATERIAL: | in., weight | | | | 10 Asbestos- | |
| 1 Ste | | | | 5 Fibergla | | | | | ecify) |
| 2 Bra | - | | anized steel | 6 Concret | e tile | 9 | ABS | 12 None use | d (open hole) |
| SCREEN O | R PERFORAT | | | | | wrapped | | | 11 None (open hole) |
| 1 Cor | ntinuous slot | 3 | Mill slot X | | 6 Wire wi | | | 9 Drilled holes | |
| 2 Lou | vered shutter | 4 | Key punched | | 7 Torch o | | | 10 Other (specify) | |
| SCREEN-P | ERFORATED | INTERVALS | | | | | | rom | ft. to |
| | | | From | ft | t. to | | ft. F | rom | ft. to |
| SAN | ND PACK INT | ERVALS: | From | 3 ft | t. to | | | | ft. to |
| | | | From | | t. to | | ft. F | rom | ft. to |
| 6 GROUT | MATERIAL: | 1 Nea | t cement : | 2 Cement grou | ıt X | 3 Ben | onite X | 4 Other | |
| Grout Interv | role From? | 3 | ft. to1 | Ft. | 1 | Ft. | 0 | ft From | ft. to |
| | | | e contamination: | F101112 | : - | 10 | | | 4 Abandoned water well |
| i | | • | 4 Lateral lines | 7 | Pit privv | | | storage 1 | |
| | wer lines | | 5 Cess pool | | Sewage la | | | | 6 Other (specify below) |
| i | atertight sewer | lines | 6 Seepage pit | | Feedyard | - | | ticide storage | Contaminated Site |
| Direction fro | _ | | 2 200pago pil | | . Journal | | How many | - | |
| FROM | ТО | CODE | | LOGIC LOG | | FROM | ТО | | NG INTERVALS |
| 0 | 1 | A | SPHALT & C | ONCRETE | | | ļ | | |
| 1 | 2 | | ILTY CLAY | | | ļ | | | |
| 3 | 20.5 | | ONCRETE LAYEY SILT | | | ļ | | | |
| 20.5 | TD | | ND OF BORE | HOLE | | | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | | | † <u>†</u> | | |
| | | | · · · · · · · · · · · · · · · · · · · | , , , , , , , , , , , , , , , , , , , | | | | ······································ | |
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| | | | | | | | | v | |
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| | _ | - | | | | - | 1 | | |
| ļ | <u> </u> | | | | | - | | | |
| | | - | | | | | | | |
| 7 CONTR | ACTOR'S OR | LANDOWN | ER'S CERTIFICA | TION: This wat | ter well was | (x) construc | ted, (2) reco | enstructed, or (3) plugge | ed under my jurisdiction and |
| Completed | on (moldaylyr | ٠, | 9/1 | 4/00 | | and th | is record is to | rue to the best of my kn | owledge and belief. Kansas |
| Water Well | Contractor's I | icense No. | | 585 | | This V | ater Well Re | ecord was completed or | n (mo/day/yr) 10/09/00 |
| under the h | uleinaeé nama | of | Associa | ited Enviro | nmenta | l. Inc. | E | ky (signature) Darin | R Duncan |
| INSTR | UCTIONS: PI | ease fill in bla | nks and circle the co | rrect answers. S | Send three co | pies to Kans | as Departmer | nt of Health and Environm | ent, Bureau of Water, Topeka, |
| Kansa | s 66620-0001. | Telephone: 9 | 913-296-5545. Send | one to WATER | WELL OWN | ER and retai | n one for your | records. | |