15, 2000 301	WATER WELL RECO	ORD Form W	NC-5 KSA 82a-	-1212	
1 LOCATION OF WATER WELL:	Fraction		Section Number	Township Number	Range Number
County: DOUGIAS	NE VASE VA	SE 14	29	T /2 S	R 20 (E)W
County: DOUGIAS NF 1/4 SF 1/4 SF 1/4 S 9 T 12 S R 20 EW  Distance and direction from nearest town or city street address of well if located within city?					
97A AND MAPLE LAWNENCE ts.					
2 WATER WELL OWNER: FM (	COMPMAT	iou			·
RR#, St. Address, Box # : 97H	MAPLE			Board of Agriculture,	Division of Water Resources
City, State, ZIP Code : / /4 W	BENCE HS. 60	044		Application Number:	
			# ELEVA		
Depth(s) Groundwater Encountered 1. LONG. ft. ELEVATION:  The second of the control of the contr					
The purity of our division of the purity of					
WELL'S STATIC WATER LEVEL N.A ft. below land surface measured on mo/day/yr					
Pump test data: Well water was ft. after hours pumping gpm					
Est. Yield gpm: Well water was hours pumping gpr					
	Bore Hole Diameter			andin	ı. to
<u>≥</u>	WELL WATER TO BE USED A			•	Injection well
sw <b>-</b> _	1 Domestic 3 Feedle	ot 6 Oil field	d water supply	9 Dewatering 12	Other (Specify below)
	2 Irrigation 4 Indust	trial 7 Lawn a	and garden only	Monitoring well	
	Was a chemical/bacteriological s	sample submitted	to Department? Ye	s If yes	, mo/day/yr sample was sub-
11	mitted	·		er Well Disinfected? Yes	(No
5 TYPE OF BLANK CASING USED:	5 Wrought iro	on 8.C	oncrete tile	CASING JOINTS: Glue	
1 Steel 3 RMP (SR)	•		ther (specify below		led
PVC 4 ABS	7 Fiberalass			Thro	adad
Blank casing diameter	a to 7			# Die	in to
Blank casing diameter 5 in. to ft., Dia in. to ft., Dia in. to ft. Casing height above land surface /8 in., weight £7. 2.6. Ibs./ft. Wall thickness or gauge No.					
TYPE OF SCREEN OF PERSONATION	AAATEDIAL	<i>S.V.I</i> . 340	lbs./f		
TYPE OF SCREEN OR PERFORATION			PVO	10 Asbestos-ceme	
1 Steel 3 Stainless	•		RMP (SR)	11 Other (specify)	
2 Brass 4 Galvanize		le 9	ABS	12 None used (op	pen hole)
SCREEN OR PERFORATION OPENING		5 Gauzed wrappe		8 Saw cut	11 None (open hole)
1 Continuous slot 3 Mill	slot	6 Wire wrapped	*	9 Drilled holes	
2 Louvered shutter 4 Key punched 7 Torch cut, 10 Other (specify)					
SCREEN-PERFORATED INTERVALS: From					
	From	ft. to	ft., Fron	n ft. t	toft.
GRAVEL PACK INTERVALS:	From 5				
		ft. to			to ft.
6 GROUT MATERIAL: - Neat ce				Other	
	t. to5 ft., From				
What is the nearest source of possible or		1		,	
			10 Livest		bandoned water well
1 Septic tank 4 Lateral			11 Fuel s		
2 Sewer lines 5 Cess p		age lagoon			Other (specify below)
3 Watertight sewer lines 6 Seepa	~ a · a - a · a · a · a · a · a · a · a ·	dyard	13 Insect	icide storage	
Direction from well? FAST	WEST		How man		:
FROM TO	LITHOLOGIC LOG	FRO		PLUGGING I	
0, 6, CA45H	ED MOCK	4 12	SONE	CLAY MIX	ED
6 / CAUSHE	D BOUT 3	1/ 1/5		DIL BLACK	HEAVY
11 16 SANDY	CLAY	7 1 -			
16 FINE	SAND				
	<del></del>				
HOLE	DAILED	7 WE	57 191	E // +// T	-114
1,000	The second	1 402		= 4 <i>TH T</i>	ANT
KMOM	EAST				
<u> </u>					· · · · · · · · · · · · · · · · · · ·
<u> </u>					
7 CONTRACTOR'S OR LANDOWNER'S	S_CERTIFICATION: This water	well was (1) cor	structed (2) recor	estructed, or (3) plugged upo	der my jurisdiction and was
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) UNE					
Water Well Contractor's License No.	Thin !	Mater Well Boos	and this recon-	in (moldarius) : Til A.F	231 X Y
All the state of t					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send on three correct answers. Send on the protection. Topicka Kansas Department of Health and Environment. Bureau of Water Protection. Topicka Kansas 66620-7320. Telephone: 913-296-5514. Send one to WATER WELL OWNER and retain one to water protection.					