| | do 1 . 🚅 | | <i>*</i> . | | | | | |
|--|---|---|--|-------------------------|--|-----------------|--------------------------------|---------------------------------------|
| <u>117 </u> | Fraction | f ELIBOURD I | om , √WC-5 Sec | KSA 82a- tion Number | 1212 Township Nu | mber | Range Nu | umber |
| County: Wabaunse | | SE NE SW | 1/4 | 21 | T 12 | - s | R 9 | E## |
| Distance and direction from ne | earest town or city street a | address of well if located | within city? | 14 mg | 20 | 0 | 01. | |
| | Branch | o a mi west | ana | 1230 | nun wi | y eson | vflies | |
| RR#, St. Address, Box # | prem n | | | | Board of A | oriculture. D | Division of Water | r Resources |
| City, State, ZIP Code | 1 Box 11 Oct | ma Kar | ns 1 | 6640 | Application | | | |
| LOCATE WELL'S LOCATION | | | | | | | | |
| AN "X" IN SECTION BOX: | Depth(s) Ground | dwater Encountered 1. | 5.0 | ft. 2 | | ft. 3 | | /472 |
| Ĭ # | | WATER LEVEL | | | | | | |
| NW NI | | p test data: Well water D gpm: Well water | | | | | | |
| | | eter. 1.2 in. to . | | | | - | | |
| ¥ V | | | Public wate | | B Air conditioning | | njection well | |
| SW SE | 1 Domestic | • | Oil field wat | | 9 Dewatering | | Other (Specify b | pelow) |
| ! ' ! | 2 Irrigation | | _ | • | 0 Observation well | 7 | | |
| <u> </u> | mitted | bacteriological sample su | ibmitted to De | | sNo/.\ er Well Disinfected | | mo/day/yr samp X No | ole was sub- |
| 5 TYPE OF BLANK CASING | | 5 Wrought iron | 8 Concre | | CASING JOIL | | \ | ed |
| 1 Steel 3 | RMP (SR) | 6 Asbestos-Cement | 9 Other | (specify below |) | Welde | ed | |
| | ABS | 7 Fiberglass | | ٠٠٠. بنن | | | ded | |
| Blank casing diameter | ح⊸1 ہے: | 5.49ft., Dia | Q in. to | | ft., Dia | | A | |
| Casing height above land surf TYPE OF SCREEN OR PERF | , , | .in., weight | | | Wall thickness o | | - | # |
| | Stainless steel | 5 Fiberglass | | - n | ated 11 Other | | . * *A A | A . // |
| | Galvanized steel | 6 Concrete tile | 9 AB | s refor | 12 None | used (ope | en hole) | |
| SCREEN OR PERFORATION | OPENINGS ARE: | 5 Gauzeo | d wrapped | ' (| 8 Saw cut | alta | None (oper | n hole) . |
| 1 Continuous slot | 3 Mill slot | 6 Wire w | • • | ` | 9 Drilled holes | 18 Rel | PVCin | botton |
| 2 Louvered shutter | 4 Key punched | 7 5 7 Torch o | 2 Z | | 10 Other (specify | | 8 Steel | Caring |
| SCREEN-PERFORATED INTE | ERVALS: From From | ft to | ري. | tπ., From ft From | Stude | sing to | Ludis | 75 deg = |
| GRAVEL PACK INTI | 7 | 5 ft. to | 7 1 | ft., From | a way | t of ft. to | red bed | Udta; ft. |
| | From | ft. to | | ft., From | way La | the soft | Pressu | ft. |
| GROUT MATERIAL: | ~ ~ | 2 Cement grout | 3 Bento | | Other | Ø. | | <i></i> <u>.</u> |
| Grout Intervals: From | ft. to | ft., From | ft. 1 | | ft., From | | | |
| What is the nearest source of 1 Septic tank | 4 Lateral lines | 7 Pit privy | | 10 Livesto | • | | andoned water I well/Gas well | well |
| 2 Sewer lines | 5 Cess pool | 8 Sewage lago | on | | er storage | | her (specify bel | ow) |
| 3 Watertight sewer lines | • | 9 Feedyard | | | cide storage | | | |
| Direction from well? | est | | | How man | | <u> </u> | | · · · · · · · · · · · · · · · · · · · |
| FROM TO | LITHOLOGIC | LOG | FROM | то | l | <u>ITHOLOGI</u> | C LOG | |
| 2 165 | Popus Bru | 94171 | | | | | | |
| | , , , | | | | | | | |
| 16 19 Ngr | avely Hil | l'coarse " | | | | | | |
| 10 3/10 | 0.00 00 | . 0 | | | | | | |
| 19 36 3 | nace, exce | <u>u</u> | | | | *** | | |
| 36 42 0 | halo Rac | <i>1</i> | | 4.10 | essure | | | |
| | 1000 | 42 to 50 H rea | bed & | no of 110 | d d | | | |
| 42 50 Rd | id hed | atisoff 70 | galhu | u Mi | iddy | | | |
| | | | | | 1 | | | |
| 50 \$ 5 193 | hale Blue | | | | V | | | |
| | 1 | | | | | | | |
| | | | | | | | - N | |
| Z CONTRACTORIO CO L CO | DOWNERS OFFICE | IONI. Thist | 1 | + | naturinate of the COV 1 | anned and | ar man hadadish- | n and was |
| 7 CONTRACTOR'S OR LAN completed on (mo/day/year) | | \sim \sim | | | istructed, or (3) pl d is true to the bes | | | |
| Water Well Contractor's Licens | se No | This Water We | | | | | 1 1.9.8 | |
| under the business name of | Strader D. | relling Co | | by (signatu | ire) Karok | a XX | rader | |
| INSTRUCTIONS: Use typewrite | er or ball point pen, PLEAS | SE PRESS FIRMLY and | PRINT clearly | y. Please fill in | blanks, underline | or circle the | correct answers | s. Send top |
| three copies to Kansas Departm OWNER and retain one for you | nent of Health and Environr our records. | ment, Division/of Environm | ient, Environr | nental Geology | / Section, Topeka, | NS 0002U. S | Send one to WA | ICH WELL |
| · · — — — — — — — — — — — — — — — — — — | | | | | | | 3 | . — |