| | Section Jumber | Township Namber | Range Number |
|--|---|--|---|
| DUNTY: Marion Sey Swy Sey | <u> </u> 8 | т / Ф s | R 3 (9) |
| tance and direction from nearest town or city street address of well if located within o | city? | | |
| 75 134 E Toumpa | | | |
| WATER WELL OWNER: Rog & Greg Jirak | | Donal of Androthon | District of Mater December |
| #, St. Address, Box # : PISI | | Board of Agriculture, Division of Water Resour | |
| 1#, St. Address, Box # : PBI y, State, ZIP Code : Tampa, KS. 67483 LOCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL | 7 | Application Number: | |
| OCATE WELL'S LOCATION WITH DEPTH OF COMPLETED WELL | Th. ELEVAT | ION: | • |
| Deptn(s) Groundwater Encountered | → | π. | 37_ 3_P |
| Pump test data: Well water was . | | | |
| NW NE Fet Vield 5 Gpm; Wall water was | # aft | er nours p | oumping |
| Est. Yield | 4 ft a | ernours p | oumpingg |
| W [1 | | | I Injection well |
| 1 1 1 1 1 | ld water supply | • | 2 Other (Specify below) |
| I== 3W ==1== 3t ==1 | | | |
| Was a chemical/bacteriological sample submitted | | | |
| \$ mitted | | er Well Disinfected? Yes | X No |
| TYPE OF BLANK CASING USED: 5 Wrought iron 8 C | Concrete tile | CASING JOINTS: Glu | ed XClamped |
| | Other (specify below) | Wel | ded |
| | | | eaded |
| nk casing diameter | in. to | ft., Dia | . in. to |
| | . <i>J. 6.0.</i> lbs./ft. | Wall thickness or gauge | No 4.1.5 |
| | 7_PVC | 10 Asbestos-cem | nent |
| | 8 RMP (SR) | ,, , | /) |
| | 9 ABS | 12 None used (o | • |
| REEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapp | | 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 44 7 Torch cut | · </td <td>10 Other (specify)</td> <td></td> | 10 Other (specify) | |
| | • | ft. | |
| GRAVEL PACK INTERVALS: From. 10 ft. to 35 | ft From | | to |
| From ft. to | ft., From | | to |
| | | ther | |
| out Intervals: From | | | |
| nat is the nearest source of possible contamination: | 10 Livesto | | Abandoned water well |
| 1 Septic tank 4 Lateral lines 7 Pit privy | 11 Fuel st | orage 15 | Oil well/Gas well |
| 2 Sewer lines 5 Cess pool 8 Sewage lagoon | 12 Fertilize | er storage 16 (| Other (specify below) |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard | 13 Insection | cide storage | |
| ection from well? | How many | | |
| ROM TO LITHOLOGIC LOG FRO | м то | LITHOLO | GIC LOG |
| 9 15 Clay & fine Sand | | | |
| 5 35 Yellow Clay | | | |
| 5 35 Yellow Clay | | • | · · · · · · · · · · · · · · · · · · · |
| 5 55 Blue Shale | | DECEN | WEID |
| s s bive sincle | | | 7 <u> </u> |
| 3-56 Water | | 100 | ~U |
| S SU WOLLK | | CEDAE | <u>~</u> |
| -6 64 Blue Shale | | SEP 1 5 19 | 7 9 |
| | | | |
| | | DIVISION | |
| | | ENVIRONM | ENT |
| | | | |
| | | | |
| | | | |
| | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) cor | nstructed. (2) recons | structed, or (3) plugged up | der my jurisdiction and w |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) completed on (mo/day/year) | | | |
| pleted on (mo/day/year)/ | and this record | is true to the best of my kr | |
| er Well Contractor's License No | and this record was completed on | is true to the best of my kr | |
| pleted on (mo/day/year) | and this record d was completed on by (signatur clearly. Please fill in t | is true to the best of my kn (pro/day/yr) planks, underline or circle th | agwledge and belief. Kar |