## State Sta			WA	TER WELL REC	ORD Form WWC-5	KSA 82a-1	212 ID No)			
Distance and direction from nearest town or city street address of well if located within city? North State Street Flag Brothers Sign B			TER WELL:			- I	on Number	' ·	Number	_	umber
## State Sta							36	⊤ 24	S_	R 18	E W
WATER WELL OWNER: MRY SI, Address, 50x *: CIR, State, 2/P Code						within city?					
THE ST. Address, Box # 1934 10 Fig. 10						a, K5	66749				
TYPE OF BLANK CASING USED: Ty	2 WATER	R WELL OW	NER: Sìo	aa Broth	er5	,					
Coarte Wellus Location with Depth of Community Depth Strong books Standard Depth Standard Depth Standard Depth Standard Depth Standard Depth Standard Depth Depth Standard Depth Dep			# :					Board of		Division of Water	Resources
Depthis Groundwater Encountered 1 2.8.9 ft. 2.8.5 ft. 3 mg. WELL'S STATE WELL'S STA					ate Street	Tola,	KS 661	4 9 Application			
WELL STATIC WATER LEVEL. 957-15. It. below land surface measured on morbayly? J. I.I. P. Letter 1. Letter				4 DEPTH OF C	OMPLETED WELL	2 84	It. ELEVAI	ION:	,5.U		
Pump test data: Well water was	AN "X" IN		BOX:	Depth(s) Groun	idwater Encountered	1 e X e A	.↓ft. v land surface	2	ft. 3	1/11/05	ft.
Est. Yeld		1	ı	Pur	mp test data: Well wate	r was	ft. a	fter	hours p	umping	apm
WELLWAIE HI Operation 3 Feedor 6 Of the dwarf supply 9 Dewaltering 11 injection well 11 injection with water supply 9 Dewaltering 9 Dewaltering 12 Other (Specify below) 12 Other (Specify below) 12 Other (Specify below) 12 Other (Specify below) 13 injection with water well Disinfected? Yes No		1 A1)A1	N/F				ft. a	fter	hours p		
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes, mo/day/yrs sample was submitted on Department? Yes No If yes mo/day/yrs sample was submitted on Department? Yes No If yes mo/day/yrs sample was submitted on Department? Yes No If yes mo/day/yrs sample was submitted on Department? Yes No If yes mo/day/yrs sample was submitted to Department? Yes No If yes mo/day/yrs sample was submitted to Department? Yes No If yes mo/day/yrs sample was submitted to Department? Yes No If yes mo/day/yrs sample was submitted to Department? Yes No If yes mo/day/yrs sample was submitted to Department? Yes No If yes If yes mo/day/yrs sample was submitted to Department? Yes No If yes If yes If yes		1444	- NE								·laur)
Was a chemical/bacteriological sample submitted to Department? Yes	١٨/	ı			4 Industrial 7	Domestic (law	suppiy n & garden) <i>f</i> f	Monitoring w	ell MW-	other (Specify be	now)
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 7 Fiberglass 1, to 10 in. to 1,				2 migation	, maddinar	3011100110 (10111	, a gardon, (g)eeg			
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Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Devo PVC 4 ABS 7 Fiberglass Threaded X Devo No. No	5 TYPE C	OF BLANK C	ASING USED:		5 Wrought iron	8 Concret	e tile	CASING J	OINTS: Glue	ed Clamp	ed.
Five ABS Threaded Threade				R)						'	
Casing height above land surface			,	^					Thre	adedX.	
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 11 Other (Specify) 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot											
1 Steel 3 Stainless Steel 5 Fiberglass 8 FMP (SR) 11 Other (Specify) 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)	Casing heigh	ght above la	nd surface	-0.25	in., weight			bs./ft. Wall thick	ness or guag	ge No. S.C.h	10
2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft. SCREEN-PERFORATED INTERVALS: From 5.11 ft. to 15.11 ft., From ft. to ft. ft. From ft. ft. ft. From ft. to ft. ft. From ft. to ft. ft. From ft. ft. ft. From ft. ft. ft. From ft. ft. ft. ft. ft. ft. ft. ft. ft.	TYPE OF S	SCREEN OF									
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2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)			_			• •			9	11 None (oper	note)
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GRAVEL PACK INTERVALS: From					5.11	15.11	# From		ft to		ft
GRAVEL PACK INTERVALS: From 3.0 ft. to 12.11 ft. From ft. to ft.	SCHEEN-F	ENFONAIL	D IN LENVALS.		ft. to		ft., From .		ft. to	, ,	ft.
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	(GRAVEL PAG	CK INTERVALS	: From3	ft to	15. 11	ft From .		ft. to)	ft
Grout Intervals: From											
Grout Intervals: From											
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 3 Sewage lagoon 10 Livestock pens 14 Abandoned water well 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below) 13 Insecticide storage How many feet? FROM TO PLUGGING INTERVALS 7 Pit privy 15 Feetlyare storage 16 Other (specify below) 17 FROM TO PLUGGING INTERVALS 1 Septic tank 16 Other (specify below) 17 FROM TO PLUGGING INTERVALS 1 Septic tank 18 Sewage lagoon 19 Feetly storage 19 To PlugGING INTERVALS 10 Nigh plastic clay, stiff Veny dark brown, strong oder 10 Nigh plastic clay, stiff Veny dark brown, strong oder 11 Septic tank 12 Fertilizer storage 13 Sewage lagoon 14 Abandoned water well 15 Oil well/Gas well 16 Other (specify below) 16 Other (specify below) 17 From To PlugGING INTERVALS 10 Nigh plastic clay, stiff Veny dark brown, strong oder 11 Sewage lagoon 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well 15 Oil well/Gas well 16 Other (specify below) 16 Other (specify below) 17 Insecticide storage 18 Other (specify below) 19 Insecticide storage 19 Insecticide storage 19 Insecticide storage 10 Insecticide storage 11 Insecticide storage 12 Fertilizer storage 13 Insecticide storage 14 Insecticide storage 15 Oil well/Gas well 16 Other (specify below) 16 Insecticide storage 17 Insecticide storage 18 Insecticide storage 18 Insecticide storage 19 Insecticide storage 19 Insecticide storage 19 Insecticide storage 10 Insecticide storag	6 GROU	T MATERIA	 L: 1 Nea	From	ft. to		ft., From .		ft. to	·	ft.
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INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill 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	Grout Inten What is the 1 Sep 2 Sew 3 Wate Direction for FROM 3 7 CONTRA completed of Water Well (under the bu	vals: From e nearest soutic tank ver lines ertight sewe om well? TO 3 ACTOR'S O on (mo/day/y Contractor's usiness name	med to h went of a R LANDOWNE ear) Licence No e of writer or bell point per	From	2 Cement grout 7 Pit privy 8 Sewage 9 Feedyard CLOG Clay Stiff and odor Clay Stiff Strong odor Clay Stiff Strong odor Clay Stiff Strong odor TION: This water well w 0.5 This Water	3 Bento ft. to lagoon f	10 Livesto 11 Fuel st 12 Fertiliz 13 Insecti How many TO cted, (2) reconused as completed by (sertine or circle the desired as a complete by (sertine or circle the desired as a complete by	Other	14 / 15 (16 (16 (17) LUGGING IN	der my jurisdiction nowledge and be sto Kansas Department	on and was lief. Kansas
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