r . r. = :				ATER WELL I	RECORD		KSA 82a-		<del></del>		
	ON OF WATE			65	, Air		tion Number	1		Range Number	
County:		<b>gwick</b> m nearest t	own or city stree	½ SE		W ½	33	⊤ <b>26</b>	S	R 1	E
Pistarice an	a direction no	iii iicaicst i	OWIT OF City Street			Fe, Wichita	, KS				
2 WATER	WELL OWNE	R: Love	Box Co.								
			N. Santa Fo	е				Board of Agricultu	ure, Divisio	n of Water Resou	ırces
City State	ZIP Code	· Wich	ita. KS 672					Application Numb	er:		
2 LOCATE	WELL'S LOC	CATON WIT	HI.I			20					
AN "X" IN	A SECTION B	OX:	DEPTH (					VATION:			
4 r	N .		Depth(s) Gro	oundwater End	countered 11	.5 4E 07		t. 2	ft. 3	00/24/44	Ft.   📆
T								surface measured on i			
-	NW <b></b>	NE						Ft. after			Gpm   C
Mile A	^	-	Est. Yield	Gpm	າ: Wellwa	ter was		Ft. atter	Hours pun	s pumping Gpm	
WELL WATER TO BE USED AS: 5 Public water supply  SW. SE. Bore Hole Diameter 8.5 In. to 20 ft. and in. to  WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection wel  1 Domestic 3 Feed lot 6 Oil field water supply 9 Dewatering 12 Other (Speci									niection well	Ft.   S	
_	sw	_ SE	1 Dom	estic 3 Fee	ed lot 6	Oil field water	supply	9 Dewatering	12 (	Other (Specify bel	ow)
		1	2 Irriga	ition 4 Indi	ustrial 7	Lawn and gard	den (domest	ic) 10 Monitoring w	ell	MW-17	
Y		 	1					Yes No X			vas
	S		Submitted		gioai oaiiipii		•	ater Well Disinfected?	•		
5 TYPE OF	F BLANK CAS	SING USET		5 Wro	ought Iron	8 Concr		CASING JOINTS			
1 Ste			P (SR)			ent 9 Other			Welded		
2 PV	CONTRACTOR OF THE BUT THE PROPERTY OF THE PROP	4 ABS	` '	7 Fibe				peout in the contract of the c		ed X	
- Lancon		ecesada		Ft							
Blank casing	g diameter	2	in. to	<b>10</b> Di	a	In. t	.0	ft., Dia	in.	. to	ft.
Casing heig	ht above land	surface	FLUSH	In., weigh	nt	SCH 40	L.bs./f	t. Wall thickness or ga	uge No. 🔟		
TYPE OF S	CREEN OR F	PERFORAT	ION MATERIAL:				the same of the sa	10 Asbesto			
1 Ste				5 Fibe	erglass	8	RMP (SR)	11 Other (s 12 None us	specify)		
2 Bra			vanized steel	6 Cor							
	•		IINGS ARE:	· ·	-	uzed wrapped			11	None (open no	ie)
	ntinuous slot uvered shutter		Mill slot			e wrapped ch cut		9 Drilled holes			
	ERFORATED		4 Key punched					10 Other (specify) From			
SUNEEN	ENFORATED	INIEKVAL						From			
241	ND PACK INT	ED\/ALC:	From	8	ft to	20	ft:	From	ft to		'ᆣૣ: ㅈ
3/1	ND FACININI	LIVALS.						From			' '.' Ft.
6 00011	MATERIAL	4 N	at cement	0.0		The state of the s					
				Ft		Ft	tonite	4 Other			~
Grout Interv	als From2	0.5	ft. to	1 From	13	<b>1</b> to	8	ft. From		ft. to	ft.
			le contamination				10 Live	stock pens	14 Abanc	doned water well	
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/ Gas we							ll/ Gas well				
2 Sev	wer lines		5 Cess poo	ol	8 Sewa	ge lagoon	12 Ferti	lizer storage	-	(specify below)	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Contaminate									aminated Sit	te	
Direction fro	m well?	T					How man	<u> </u>			
FROM	ТО	CODE		HOLOGIC LC	)G	FROM	ТО	PLUG	GING INTE	ERVALS	
0	0.5		Concrete	la ala la access							
0.5 5.5	5.5 12.5		Clay, silty, d Clay, silty, n								
12.5	16.5		Sand, fine to	medium	grain		-				
16.5	20		Sand, medit								
20	TD		nd of Bore					,			
										1	
	1										
				<b></b>				1			
		-									
		<del>  -</del>					<del> </del>				
		<del>                                     </del>									
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (x) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and w											
Completed on (mo/day/yr)  08/31/11  And this record is true to the best of my knowledge and belief. Kansas  Water Well Contractor's License No.  585  This Water Well Record was completed on (mo/day/yr)  09/20/11											
Water Well Contractor's License No. 585 This Water Well Record was completed on (mo/day/yr) 09/20/11											
under the business name of Associated Environmental, Inc. By (signature) Bradley Johnson INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Dureau of Water Topeka,											
INSTR	UCTIONS:. Ple	ease fill in bla	anks and circle the 913-296-5545. S	e correct answe	rs. Send thre	e copies to Kans	sas Departme	ent of Health and Environ	ment Sure	au of Water, Topeka	а,
L Namsas	JUUZU-UUU I.	reseptione.	010-200-0040. O	CITIC OFFICE TO MA	. : : \	vitiani and rela	in one for you	4 1000143. W	rella.\	1 Automorphism	