WATER WELL OWNER. WATER WELL OWNER. WATER WELL OWNER. WELL STATE OF THE WELL STAT			,	MATE	D WEI	I RE	CORD	Form	. \٨/\٨/٢	7.5 K	(SA 82)	a_1010 I	D No	1	M	y	zu.	ng		1900	nt
Delance and director/from nearest town or oil y street address of well ill coated within city? WATER WIELL OWNER: WATER SEA Address So # 2 2 7 8 8 8 8 8 9 8 9 8 8 8 9 9 8 9 8 9 8 9	1 LOCAT	ION F W	VATER WELL:		Fracti	ion)	A f	<u>,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,</u>	Secti	on Nymb					oer -	7	Rang	ge Nu	mber
Water Well SLOCATON WITH DePTH of COMPLETED WELL Application Number Application Number				6					NI	L 1/4				Т	2	7	s		R		EV
Electron Page Pag		_		st towr	or city	•			-	cated wi	thin city	?									
Baard of Agriculture. Division of Water Resource (S), Safe, 2P Code COMPLETED WELL S, SECTION WITH LETTER WELLS LICCATION WITH LETTER WELL AN X' N SECTION BOX. Depth(s) Groundwate Encountered AN X' N SECTION BOX. WELL STATIC WATER LEVEL. N. L. below land surface measured on moldayby r WELL STATIC WATER LEVEL. N. L. below land surface measured on moldayby r WELL STATIC WATER LEVEL. SH. S, Section Box. WELL WATER SECTION BOX. Furnished state: Well well were was. Est Yield. General State Well well were was. L. t. after. hours pumping. gord Bore Holde Displays S. I. No. Well water supply 9 Dewatering 12 Other (Specify below) 1 Owners and Section Sectio				<u> </u>		<u>F.</u>	un	2	درک												
Chip, Salez, ZIP Code Code				7	F	ت	tell	Il.													
COATRACTOR'S OR LANDOWNER'S CERTIFICATION: Depth (s) Groundwater Encountered 1, b. t. below land surface measured on moldsylyr				117	· . 0	· ~	EX	Fu	nsi	l'on_	_6	72	//	App	lication	n Num	ber:	_	no	20	
WELLS STATIC WATER LEVEL th. below land surface measured on modayly	3 LOCAT	E WELL'S I	LOCATION WIT	H 4	DEPT	H OF	COMPLE	ETED V	VELL.	2	0,0	ft. ELE	VATIC	Ν:	'	13	0.0	2			
Pump test data: Well water was ft. after hours pumping gor means ft. and hours pumping gor means ft. and hours pumping gor means ft. and hours pumping gor ft. set hours pumping gor ft. set ft. and in. to ft. means ft. and ft. ft. ft. and ft. ft. ft. ft. ft. ft. ft. ft. ft.	AN "X"	IN SECTION	ON BOX:	De	epth(s)	Groun	ndwater E	ncount	tered	1	.,		ft. 2.				ft. 3	3. j ÷	 	Ø	·∴·ft.
Ber Hole Diagnesses 1 Feedoct 9 Offer (Specify below) Specific Blank Casing USED: Swall File Wile Was Power USED: Swall File Wile Was Power USED: Swall File Wile Was Power USED: Swall File Wile Was	A			W	ELL'S S																
Bore Hole Diagnages in. to ft., and in. to ft. well water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedot 6 Oil field water supply 9 Dewstering 12 Other (Specify below) 2 Irrigation 4 Industrial Domestic (sawn & garden) 10 Monitoring well No if yes, moldsylyns sample was sut Water Well Disinfected? Yee No if yes, moldsylyns sample was sut water Well Political Poli		NW	 NE		st Viola		•														
West and provided to the provided by the pro		1																			
Domestic Goli field water supply 9 Dewatering 12 Other (Specify below)	₩ ₩		F 1																		
Was a chemical/bacteriological sample submitted to Department? Yes. No. X. If yes, moldaylyns sample was sut mitted. Water Well Disinfected? Yes No. X. If yes, moldaylyns sample was sut mitted. Water Well Disinfected? Yes No. X. If yes, moldaylyns sample was sut mitted. Water Well Disinfected? Yes No. X. If yes, moldaylyns sample was sut mitted. As in the control of the control	7																				elow)
STYPE OF BILANK CASING USED: 5 Wrought fron 8 Concrete tile CASING JOINTS: Glued. Clamped. 2 PVC 4 ABS 7 Fiberglass Threeded. 8 No 2 PVC 4 ABS 7 Fiberglass Threeded. 8 In. to th., Dia	-	- sw	SE		2 Irrig	ation	4 Inc	dustrial	0	Domest	ic (lawn	& garden)	10 M	onitorir	ng well	١					
STYPE OF BILANK CASING USED: 5 Wrought fron 8 Concrete tile CASING JOINTS: Glued. Clamped. 2 PVC 4 ABS 7 Fiberglass Threeded. 8 No 2 PVC 4 ABS 7 Fiberglass Threeded. 8 In. to th., Dia	↓			l w	as a che	emical	/bacteriolo	ogical sa	ample s	ubmitted	to Depa	artment? Y	'es	N	loX	: If	ves.	mo/d	av/vrs	samp	le was sut
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Wolded 2 PVC 4 AS 7 Fiberglass Threaded	<u> </u>		\$	mi									ater W	ell Disi	nfecte	d? Ye	es			Ň	10 Y
2 PVC 4 ABS 7 Fiberglass Threaded								-							SING J	OINTS				•	
Blank casing diameter				(SR)					ement				•						-	•	
Casing height above land surface		-	_		: A.a.				_												
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)																					
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)							_	ш				16)\$./II. V	van m		-	_			. •••	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OPERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify). ft SCREEN-PERFORATED INTERVALS: From. ft. to ft., From						CHIAL		5 Fiberglass				(SR)									
1 Continuous slot 3 Mill slot 6 Wire wrapped 7 Drilled holes 10 Other (specify) fit 10 Continuous slot what a Key punched 7 Torch cut 10 Other (specify) fit 10 Continuous slot (specify)	2 Bra	ss	4 Galva	nized	steel		6 Conci	rete tile	•			()				,		•			
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)														, ,					(oper	n hole)	
SCREEN-PERFORATED INTERVALS: From						d															
GRAVEL PACK INTERVALS: From												ft Fr									
GROUT MATERIAL: 1 Neat cement Crown fit. to					From.			[.]	ft. to ft. to	 		ft., Fro ft., Fro	om om		 	 	ft. f	to to		 	ft ft
Grout Intervals: From	GROU	T MATERI	AL: 1 Neat	t ceme																	
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHIGLOGIOLOG FROM TO PLUGGING INTERVALS CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, of (3) plugged under my jurisdiction and was ompleted on (mo/day/year) CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was ompleted on (mo/day/year) This Water Well Record was ompleted on (mo/day/year) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRIMIT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and	Grout Int	tervals: F			ft. to . 🕻	?`		t., Fror	m		ft. t	o		ft., F	From .			ft	. to		ft.
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) Waterlight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHQLOGIC LOG PROM TO PLUGGING INTERVALS 15 0 Contractor's Cestification. This water well was (1) constructed, (2) reconstructed, of (3) plugged under my jurisdiction and was completed on (mo/day/year)	What is t	the nearest	t source of pos	sible (contam	inatior	n:														
Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG TROM TO PLUGGING INTERVALS 15 O CAMBRILL TO PLUGGING INTERVALS 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) and this record is true to the best of my knowledge and belief. Kansas vater Well Contractor's Licence No. This Water Well Record was completed on (mo/day/yr) inder the business name of Decrease of the plant clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and	1 Septic tank 4 Lateral lines				7 Pit privy				/	11 F			uel storage				15 Oil well/Gas well				
Direction from well? FROM TO LITHQLOGICLOG FROM TO PLUGGING INTERVALS 15 Cament grout CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was sompleted on (mo/day/year). CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was sompleted on (mo/day/year). and this record is true to the best of my knowledge and belief. Kansas Vater Well Contractor's Licence No. This Water Well Record was completed on (mo/day/yrr). 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													• • • • • • • • • • • • • • • • • • • •					ify be	low)		
FROM TO LITHOLOGIC LOG TROM TO PLUGGING INTERVALS 15 O CAMBARY STATE OF THE PROPERTY OF THE P					`. Y)		9 F	eedya	rd					ge	• • •		• • • •			• • • • • • • •
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) and this record is true to the best of my knowledge and belief. Kansas Vater Well Contractor's Licence No. This Water Well Record was completed on (mo/day/yrr) by (signature) INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIBMLY and PRIMT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and			<u>, </u>			10.10	20. 4						nany fe	eet?	10						
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) and this record is true to the best of my knowledge and belief. Kansas Vater Well Contractor's Licence No. This Water Well Record was completed on (mo/day/yr) by (signature) 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			9	LIII	DLOG					0	PM	10			PL	.UGGI	NG II	NIE	RVALS	<u> </u>	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, of (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Vater Well Contractor's Licence No. This Water Well Record was completed on (mo/day/yr) by (signature) 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	15		Can	an'		On.	nu y														
Vater Well Contractor's Licence No					7																
Vater Well Contractor's Licence No																					
Vater Well Contractor's Licence No		ļ																			
Vater Well Contractor's Licence No	-		-																		
Vater Well Contractor's Licence No		 	-																		
Vater Well Contractor's Licence No		 					•														
Vater Well Contractor's Licence No		ļ																			
Vater Well Contractor's Licence No																					<u> </u>
Vater Well Contractor's Licence No																					
Vater Well Contractor's Licence No																					
Vater Well Contractor's Licence No																					
Vater Well Contractor's Licence No	CONTR	ACTOR'S	OR LANDOWN	FR'S	CERTI	FICAT	JON: This	s water	well w	vas (1) c	onstruc	ted, (2) re	econsti	ructed,	0 (3)	plugg	ed un	der r	ny juri:	sdiction	n and was
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and	ombiered	on (morua	iy/yeai)			-2/		• • • • •			an	a uns rec	oru is	true to	the be	est of	my kn	owle	dge ar	d beli	ef. Kansas
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and					1.5.		··· [7	This W	ater W	ell Reco	rd was			- 2	/ <u>/</u> //	Z?	<u>- </u>	0		. T ,	<i>j</i>
	inder the	business n	ame of D	are	de s	7 1	m	nyo	4	- W.	elf	by (signat	ure) /	1	ou	ud	/	<u> </u>	all	<u></u>
																				rtment of	Health and