LOCATION OF WATER WELL:   Faging S   W   W   Scient Number   T 2.7 S   R   GW   State   County:   T 2.7 S   R   GW   GW   GW   GW   GW   GW   GW	WATER V	VELL REC	CORD	Form WW		Division o	f Water	Resources	App. No.		
Distance and direction from nearest town or city street address of well if located within city?  2 WATER WELL OWNER:	1 LOCATION OF WATER WEISL:		Fraction (11 N 14)		Section Num		ownship Number Range Nun				
Distance and direction from nearest town or city street address of well if located within city?  2 WATER WELL OWNER:	County:	Dal	gwe 2	NE/4 JW1/4	18 M/4						
WATER WELL OWNER:  RR#, St. Address, Box #   122			from nearest town	n or city street address of	f well if						of 4 digits)
WATER WELL OWNER:  RR#, St. Address, Box #   122	located w	ithin city?	1770	112 76 t		Latitude: _					
RR#8, St. Address, Box # 172					71. TI.	Longitude:					
Datum:  Datum:  Datum:  Data collection Method:  LOCATION  NESTION BOX:	2 WATER	R WELL OW	NER:	- micklet	ih	Elevation:					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: NECTION BOX: NECT	RR#, St.	Address, Bo	x# : /22<	WZOZ		Datum:					
WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL	City, Sta	ite, ZIP Code	: Wee	to Ka 6	7204	Data Collec	ction N	lethod:			
WITH AN "X" IN SECTION BOX:  NETTION BOX:  NETION BOX:  N	3 LOCAT	E WELL'S	4 DEPTH OF C	COMPLETED WELL	3.7		ft.				
Pump test data: Well water was	LOCAT	ION			10						
Est. Yield. gpm: Well water was. fi. after hours pumping. gpm  W N NE. Water No.	SECTIO	N BOX:	Depth(s) Ground WELL'S STATI	lwater Encountered (IC WATER LEVEL	1)	ft. (2) below land s	)surface		t. (3). on mo/day	/yr <b>/</b>	ft. <b>5-07</b>
WELL WATER TO BE USED AS: 5 Public water supply 9 Devotating 12 Other (Specify below)  Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted Department? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted In the control of the control o		N									
1 Domestic   3 Feedlot   6 Oil field water supply   9 Dewatering   12 Other (Specify below)											
2 Irrigation 4 Industrial 7/Domestic (lawn & garden) 10 Monitoring well  Was a chemical/bacteriological sample submitted to Department? Yes	- <b>36</b> W		WELL WATER	TO BE USED AS: 5 F	ublic water	supply	8 Airc	onditionir			
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs Sample was submitted Water well disinfected? Yes No If yes, mo/day/yrs If yes, mo/day/yrs No If yes, mo/day/yrs If yes, mo/day/yrs No	w 🔀	E	1 Domestic	3 Feedlot 6 Oll I	ield water si	apply	9 Dewa	atering	12 00	ner (Specii	y below)
Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Sample was submitted.  Water well disinfected? Yes.  No.  If yes, mo/day/yrs Screen.  Screen.  Screen.  Screen.  If yes, mo/day/yrs Screen.  Screen.			2 Irrigation	4 Industrial 7 Dom	iestic (lawn	& garden) 10	U Moni	itoring we	11		•••••
Sample was submitted	SW	SE	Was a shaminal	/haatarialaaiaal gammla g	unhamittad ta	Donostmont?	Voc	NI.	<b>X</b>	If was mo	/dox/xma
S TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued. X. Clamped			was a chemical/	bacteriological sample s	Submitted to	Department?	res	NO Vac	No,	Y yes, mo	/day/yrs
5 TYPE OF CASING USED: 5 Wrought Iron 1 Steel 3 RAMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded			Sample was sub	mitted	wai	er wen disinie	ecteu?	1 68	No,	<i>.</i>	
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)   Welded   Threaded										· ·	
Comparison of the contractors of the contract of the contractors of the contract of the cont			JSED: 5 Wr	ought Iron 8 C			ASING	JOINTS		_	
Blank casing diameter in. to ft. Diameter in. to ft. Diameter in. to ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or guage No ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or guage No ft. Casing height above land surface in. Weight lbs./ft. Wall thickness or guage No ft. To ft. Street ft. ft. ft. ft. ft. wall thickness or guage No ft. ft. ft. ft. ft. ft. ft. ft. ft	43			bestos-Cement 9 O							
Casing height above land surface		C 4 ABS									
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel	Blank casin	g diameter	in. to	ft., Diameter.	•••••	in. to	ft.,	Diameter		in. to	tt.
1 Steel 3 Stainless Steel 5 Fiberglass J VC 9 ABS 11 Other (Specify)						.lbs./ft. W	all thic	kness or g	uage No.	/60	<i></i>
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot 6 Mill slot 5 Gauzed wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft. From ft. To f				MATERIAL:		A D.C.		11 04-	(C:C-)		
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot OMill slot S Gauzed wrapped 2 Torch cut 9 Drilled holes 11 None (open hole)  2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From											• • • • • • • • • • • • • • • • • • • •
1 Continuous slot   Mill slot   5 Gauzed wrapped   7 Torch cut   9 Drilled holes   11 None (open hole)   2 Louvered shutter   4 Key punched   6 Wire wrapped   8 Saw Cut   10 Other (specify)    SCREEN-PERFORATED INTERVALS: From					(SK) 10	Asbestos-Cer	ment	12 None	usea (oper	noie)	
2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From					7 Torch ou	0 Deillad	holes	11 N	one (onen 1	hole)	
SCREEN-PERFORATED INTERVALS: From	2 L ov	itiliuous siot wered shutter	4 Key punched	6 Wire wrapped	8 Saw Cut	10 Other (	(enecifi	y 1114	one (open i	iloic)	
From	SCREEN-P	FREORATE	D INTERVALS.	From <b>27</b> ft	to 3 7	ft Fr	rom	,,	ft to		ft
GRAVEL PACK INTERVALS: From	SCIEDLIVI	Liu oluli Li	o II (I DIC (I I DO)	From ft.	to	ft., F1	rom		ft. to .		ft.
From	GR	AVEL PACE									
Grout Intervals: From		_									
Grout Intervals: From		none	2								
What is the nearest source of possible contamination:  1 Septic tank  4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Sepage pit 9 Feedbard Direction from well?  How many feet?  FROM TO  LITHOLOGIC LOG  FROM TO  LITHOLOGIC LOG  FROM TO  PLUGGING INTERVALS  7 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)  Canada Water Well Contractor's License No.  This Water Well Report Was completed on (mo/day/year)  Martin Water Well Report Was completed on (mo/day/year)  NSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS IRMILY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephon Fee of \$5.00 for each constructed Well. Visit us a			L: 1 Neat cemer	nt 2 Cement grout 3	Bentonite	4 Other			• • • • • • • • • • • • • • • • • • • •		
1 Septic tank 2 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 1 Fuel storage 14 Abandoned water well below)  3 Watertight sewer lines 6 Septage pit 9 Feeduard 12 Fertilizer Storage 15 Oil well/gas well 15 Oil well/gas					١	. ft. to	ft	., From		ft. to	ft.
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 14 Abandoned water well below)  3 Watertight sewer lines 6 Segage pit 9 Feeduard 12 Fertilizer Storage 15 Oil well/gas well  How many feet?  FROM TO LITHOLOGIC LOGO FROM TO PLUGGING INTERVALS  7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mp/day/year)	l									1601	
Watertight sewer lines 6 Seepage pit 9 Feedbard  Direction from well?  TO LITHOLOGIC BOO FROM TO PLUGGING INTERVALS  FROM TO LITHOLOGIC BOO FROM TO PLUGGING INTERVALS  This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)				<u>.</u> .							• •
Provided the desired of the desired										,	
TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  7 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)						_	13 01	i weii/gas			
7 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)											
7 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)	FROM		LITHO	DGIC BOX	FROM	и 10		PLUG	GING IN	EKVALS	
7 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)	0		100		1			P	n 1	,	
7 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)	8 2		Line	Man May				ul		10	
under my jurisdiction and was completed on (mo/day/year)	70	<b>&gt;</b> 7  '	ause	Jan 5	and		- 2				
under my jurisdiction and was completed on (mo/day/year)								J 4	, _		
under my jurisdiction and was completed on (mo/day/year)									~ (/	2_	
under my jurisdiction and was completed on (mo/day/year)							4	0			
under my jurisdiction and was completed on (mo/day/year)				•				- les	2		
under my jurisdiction and was completed on (mo/day/year)									つ・	63	<u>'&gt;                                    </u>
under my jurisdiction and was completed on (mo/day/year)					,						
under my jurisdiction and was completed on (mo/day/year)			,								
Kansas Water Well Contractor's License No	7 CONTRA	ACTOR'S O	R LANDOWNEI	R'S CERTIFICATION	This wate	r well was (1)	) constr	ucted, (2)	reconstruc	eted, or (3)	plugged
under the business name of Service (Signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS TRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephon 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us a	under my ju	irisdiction and	d was completed of	on (mo/day/year) .75	an	d this record	is true t	to the best	of my kng	wledge and	d belief
under the business name of Service (Signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS TRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephon 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us a			ractor's icense N	Vo. J This W	ater Well R	was con	npleted	on (mo/d	ay/year) 🎝	7-10	08
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