				WELL RECORD			2a-1212			
	OF WATER V		Fraction 1/4	SE 14	NW _{1/2} Se	Ction Number	T Township	Number S	Range Number	
stance and		nearest town o		dress of well if loc	ated within city?			<u> </u>		
	ELL OWNER:	m,	Son	7.1						
IR#, St. Address, Box # : 2208 Sity, State, ZIP Code : Wickit				Kan 67203				Board of Agriculture, Division of Water Resource Application Number:		
OCATE W	ELL'S LOCAT	ION WITH 4	DEPTH OF CO	MPLETED WELL	39	ft ELEV	ATION:	300		
	SECTION BOX	WE VE Est	LL'S STATIC N Pump . Yield	WATER LEVEL test data: Well w gpm: Well w	vater was	below land s ft. ft.	surface measured after	on mo/day/yr hours pu hours pu		
w	X	———— EI							. to	
	1			D BE USED AS:	5 Public wat				Injection well Other (Specify below)	
:	SW :	SE	1 Domestic 2 Irrigation	 Feedlot Industrial 						
		Wa mitt	s a chemical/ba			Department?	1	; If yes	mo/day/yr sample was si	
TYPE OF E	BLANK CASIN			5 Wrought iron	8 Conc				XClamped	
1 Steel		3 RMP (SR)		6 Asbestos-Ceme	nt 9 Other	(specify bel	ow)	Weld	ed	
2)PVC		4 ABS		7 Fiberglass				Threa	aded	
ink casing o	diameter 🗸	5 jn	10.29.	ft., Dia	in. to		ft., Dia		in. to	
sing height	above land su	ırface	_ i	in., weight	<u></u>	Ibs	s./ft. Wall thicknes	s or gauge N	o	
PE OF SCF	REEN OR PER	REPORATION M	ATERIAL:		O P'	/C	10 A	sbestos-ceme	ent	
1 Steel		3 Stainless ste	el	5 Fiberglass	8 R	MP (SR)	11 C	ther (specify)		
2 Brass		4 Galvanized s		6 Concrete tile	9 AI	3S		one used (op	en hole)	
		N OPENINGS			uzed wrapped		8 Saw cut		11 None (open hole)	
	uous slot	3Mill sl			re wrapped		9 Drilled hole			
	red shutter	4 Key p		7 To	rch cut 3 9		10 Other (spec	ify)	o	
HEEN-PEH	RFORATED IN			7. J ft. to) . / . . /	tt., Fr	rom		0	
	VEL PACK IN	TERVALS:	From	ft. to		ft., Fr	rom	ft. t	0	
GROUT MA		1 Neat ceme	From	ft. to	3 Bent	ft., Fr		ft. t	o 1	
out Intervals				•					ft. to	
at is the ne		of possible conf							bandoned water well	
1 Septic		4 Lateral lir		7 Pit privy			el storage			
2 Sewer		5 Cess poo	ol	8 Sewage			tilizer storage	_	ther (specify below)	
(3)Watert	tight sewer line	es 6 Seepage	pita	9 Feedyard	•		ecticide storage			
ection from		عرابا				. How m	any feet? 15			
ROM	то	L	ITHOLOGIC L	OG	FROM	ТО		PLUGGING I	NTERVALS	
<u> </u>	8	top 3	soul		Q _	1				
8 1	19		Fi	ne san.	- un					
9 3	9	Sal	ae ta	7 -						
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			^=DT!=!# ·=:=				1	-1		
		A - /	CERTIFICATIO	N: This water well	was (1) constri				ler my jurisdiction and wa	
	(mo/day/year) ontractor's Lice	<i>E</i> .	172 ,	This Water			cord is true to the to on (mo/pay/yr)	est of my knows	owledge and belief. Kans	
er the busi	iness name of	Bear	Jen 13	ung of	/// [by (sign	(1)	wo R	Beels	
INSTRUCTIO	ONS: Use typewrite	r or ball point pen.	PLEASE PRESS FI	RMLY and PRINT clearly	y. Please fill in blanks	, underline or cir	rcle the correct answers	Send top three	copies to Kansas Department	
of Health and	d Environment, Bu	reau of Water, Tope	eka, Kansas 66620-	7320. Telephone: 913-29	96-5545. Send one to	WATER WELL	OWNER and retain on	e for your records).	