1 Domestic 2 Irrigation 4 Industrial 7 awn and garden only 10 Monitoring well.  2 Irrigation 4 Industrial 7 awn and garden only 10 Monitoring well.  Was a chemical/bacteriological sample submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample was submitted to Department? Yes. No. X If yes, mo/day/yr sample			<del></del>	R WELL RECOR	D For	m WWC-5						
Islance and director from nearest town or ofly street address of well If Icoaled within city?  WATER WELL OWNER: Earl Deagle Re S. Address, See 9 : 1,930 "Tigopocrary Cir.  See 1. Address of the S. Address See 1. Application Number:  WELL STATIC WATER LEVEL 38 . It. Deagle Research See 1. Application Number:  WELL STATIC WATER LEVEL 38 . It. Deave and search of the see 1. Application Number:  WELL STATIC WATER LEVEL 38 . It. Deave and search or modally in the search of the	Codorri		Fraction	WWWE 5W	/ 88E			Township N		יוני ו		
14930 Tipperary Cir. Wichitat, Kansas 67230  Re St Address Bow # 14930 Tipperary Cir. Standard Standard Standard Cir. Wichitat	Journey.					74		1 7 2/5	<u>s</u>	I H 22	E/W	
WATER WELL OWNER: BZRT_Deagle Re. St. Address, DPT-Open W. Stander, 2P Code W. Stander						thin city?						
Ray, Stant, Agrocole Witchitz, Kansas 67230				Kansas 6/23	ະບ							
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LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:  Well water supply su								Applicatio	n Number:			
WELLS STATIC WATER LEVEL 38 ft. below land surface measured on mordaylyr 4-10-96.  WELL WATER TO BE USED AS: 5 Public water was ft. after hours pumping gor benefit to the provided of the pro	LOCATE WELL'S	LOCATION WITH	DEPTH OF C	OMPLETED WEL								
From	TYPE OF BLANK  1 Steel 2 PVC Blank casing diameter casing height above YPE OF SCREEN Of 1 Steel 2 Brass CREEN OR PERFO 1 Continuous sl 2 Louvered shu	CASING USED:  3 RMP (SR)  4 ABS  5 In.  Iand surface  OR PERFORATION M  3 Stainless str  4 Galvanized  ORATION OPENINGS  lot 3 Mill strict 4 Key p	ELL'S STATIC Pump t. Yield ore Hole Diame ELL WATER 1 1 Domestic 2 Irrigation as a chemical// tted  to60  MATERIAL: eel steel ARE: slot	WATER LEVEL to test data: Well t	water	Public water as a subject of the control of the con	elow land sui  ft. a  ft. a  ft.,  f	rface measured or  ifter	n mo/day/yr hours pu	4-10-96 mping to Injection well Other (Specify mo/day/yr sai X No 1 X Clan ed aded in to sDR26 ent en hole) 11 None (op	gpn gpn gpn fi below) mple was su pped fi	
From ft. to ft. From ft. to ft								10 Other (specii	y)			
GROUT MATERIAL:  1 Neat cement 2 Cement grout			From	ft.	to		ft., Fro	m	ft. to	0	ft	
firetin Intervals: From 4 ft. to 20 ft., From ft. to ft., From ft. to ft. ft. from ft. to ft. from ft. to ft. from ft. to ft. from ft. to ft. ft. ft. ft. ft. ft. ft. ft. ft.			From	ft.	to			m	ft. t	0	f	
That 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) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  7 Pit privy 11 Feed storage 16 Other (specify below) 13 Insecticide storage How many feet? FROM TO PLUGGING INTERVALS  7 Pit privy 15 Privy 16 Other (specify below) 16 Other (specify below) 17 Privy 18 Insecticide storage 18 Privy 19 Privy 19 Privy 19 Feedyard 19 Insecticide storage How many feet?  10 Livestock pens 12 Pertilizer storage 16 Other (specify below) 13 Insecticide storage How many feet?  PLUGGING INTERVALS  16 Other (specify below) 17 Privy 18 Insecticide storage 18 Privy 19 Privy 19 Privy 11 Feel storage 19 Other (specify below) 19 Insecticide storage 19 Privy 19 Privy 19 Privy 11 Feel storage 16 Other (specify below) 19 Insecticide storage 19 Privy 19 Privy 11 Feel storage 16 Other (specify below) 19 Insecticide storage 19 Privy 19 Insecticide storage 19 Privy 19 Insecticide storage 19 Other (specify below) 19 Other (sp												
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PROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  0 27	2 Sewer lines 5 Cess pool			8 Sewage lagoon			12 Fertil	izer storage	16 Other (specify below)			
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  0 27	3 Watertight set	wer lines 6 Seepage	pit	9 Feedva	ard		13 Insec	ticide storage				
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	ompleted on (mo/day	y/year) 4-10-9	96				and this reco	ord is true to the be	st of my kno			
nder the business name of G & S Drilling, Inc. by (signature)	later Well Contracto				ter Well I	Record wa	s completed	on (mo/day/yr)	5-T0-36			
	nder the business na	ame of G &	S Drilli	ng, Inc.			by (signa	ture)	$\sim$			
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	INSTRUCTIONS: Use	typewriter or ball point pen.	PLEASE PRESS F	IRMLY and PRINT clea	rly. Please 1	ill in blanks.	underline or circle	the correct answers	Send top three	copies to Kansas	Department	