County: Sumn or city street address of well if located within city?	
	ction Number Township Number Range Number
JUNIANCE AND DIFECTION ITOM DEBREST TOWN OF CITY STREET ADDRESS OF WALL IT LOCATED WITHIN CITY?	35 T 30 S R 1 (5W
LIEIE 2014 of ALC and the ACC A to and the	
45'E, 20'N of NE corner of ACE Hardwar	e shed
WATER WELL OWNER: Flaming Investments	
RR#, St. Address, Box # : P.O. Box 580	Board of Agriculture, Division of Water Resource
City, State, ZIP Code: Belle Plaine, KS 67013	Application Number:
LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL. 2.3	ft. ELEVATION: .120.472.T.O.C.
Depth(s) Groundwater Encountered 10,	ft. 2
WELL'S STATIC WATER LEVEL 15,88 th. t	below land surface measured on mo/day/yr 2/2019.8
Pump test data: Well water was	ft. after hours pumping gpri
Est. Yield gpm: Weil water was	ft. after hours pumping gpn
a I I I I I I I I I I I I I I I I I I I	O ft., and
WELL WATER TO BE USED AS: 5 Public water	er supply 8 Air conditioning 11 Injection well
1 Domestic 3 Feedlot 6 Oil field wa	ater supply 9 Dewatering 12 Other (Specify below)
2 Irrigation 4 Industrial 7 Lawn and	garden only ( Monitoring we)
1 1 1 1 1 7	Department? YesNoX; If yes, mo/day/yr sample was su
s mitted	Water Well Disinfected? Yes No V
TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concr	<u> </u>
	(specify below) Welded
	Threaded flugh
	o
Casing height above land surface. F.W.Shin., weight . O. 70.3	lbs./ft. Wall thickness or gauge No. SCh. HD
TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PV	10 Asbestos-cement
	MP (SR) 11 Other (specify)
2 Brass 4 Galvanized steel 6 Concrete tile 9 AB	(,
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped	8 Saw cut 11 None (open hole)
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., From
	ft., From
GRAVEL PACK INTERVALS: From. 11	ft., From
From 11. to	ft., From ft. to f
B GROUT MATERIAL: 1 Neat cement 2 Cement grout Bento	
	to
What is the nearest source of possible contamination:	
	10 Livestock nens 14 Abandoned water well
	10 Livestock pens 14 Abandoned water weil 11 Fuel storage 15 Oil weil/Gas weil
1 Septic tank 4 Lateral lines 7 Pit privy	11 Fuel storage 15 Oil well/Gas well
1 Septic tank 4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon	11 Fuel storage 15 Oil well/Gas well 12 Fertilizer storage 16 Other (specify below)
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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 Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.