1 LOCATION	ON OF WATE	R WELL:	Fra	action					tion Nu	mber	Town	ship Nun	nber	Ran	ge Nun	nber
County:	Co	wley		SW 1/4	NW		NW ½		30		Т	34	S	R	4	(Bw
	d direction from				iress of wel	l if loca	ited within	city?								•
	ımmit, Arka															
	WELL OWNE				Inc.											
	ldress, Box#										Board (	of Agricul	ture, Di	vision of W	ater Re	sources
City, State,	ZIP Code	: Arkar	sas Ci	ty, Kansa	s 67005						Applica	tion Num	ber:			
3 LOCATE	ZIP Code E WELL'S LOC N SECTION B N	CATON WIT	H 4 _					20	•				40	07 04 TC		
AN "X" II	N SECTION B	OX:	D	EPTH OF C	OMPLETEL	) WELI	_							87.01 TC		
	N.		Deptr	1(s) Groundy	vater Encol	ıntered	1 1	N	<u> </u>	ft. 2			ft.	3		ft.
<b> </b> ↑		X	WELL	'S STATIC	WATER LE	VEL .	17.4	4ft.	below I	land surfa	ace mea	sured on	mo/day	//yr	11/06/	04
	NW	- NE		Pump	test data:	Well v	water was			ft. a	fter		hours	pumping		gpm
			Est. Y	ield NA	gpm:	Well v	water was			ft. at	fter		hours	pumping		gpm
<b>₩</b> _			E Bore	Hole Diame	ter 8.5	in.	to	20	.0	ft.	and		- i	in. to		ft.
7			WELL	WATER TO	D BE USED	AS:	5 Public	water s	upply		8 Air c	onditionir	ng ·	11 Injectio	n well	
	sw	- SE	1	Domestic	3 Feed I	ot	6 Oil fiel	d water	supply		9 Dew	atering		12 Other (	Specify	below)
	1	1	2	Irrigation	4 Indust	rial	7 Lawn	and gard	den (do	mestic)	(0)Mo	nitoring v	vell			
<b>†</b> L	i		Was	a chemical/b	acteriologic	al sam	iple subm	itted to I	Departn	nent? Ye	s	. NO	if yes	s, mo/day/y	yr samp	le was
	S		subm	itted						Water	Well Dis	sinfected?	? Yes		No	X
5 TYPE O	F BLANK CAS	ING USED			5 Wroug	ht Iron	8	Concr	ete tile		CASIN	IG JOINT	S: Glu	ed	Clamp	ed
1 Ste		3 RMF			6 Asbes									ded		
Q PV		4 ABS			7 Fiberg				` '	•				eaded		
				40.0				1	 to		6 Di-					
Blank casing diameter 2.375 in. to 10.0 ft., Dia in. to ft.															II.	
Casing height above land surface Flush Mount in., weight   Ibs./ft. Wall thickness or gauge No. Schedule 40  TYPE OF SCREEN OR PERFORATION MATERIAL: 7 PVC 10 Asbestos-cement															5.4V	
		ERFORATI	ON MAT	ERIAL:												
1 Ste				el	5 Fiberg 6 Concr	Iass		8	KMP (	SR)	1	1 Other (	(specify	) 		
2 Bra			anized s		6 Concr	ete tile	``	9	ABS		9 Court	Z None (	usea (op	en noie)	a (anan	hole)
	R PERFORAT					6 1	oauzeu w Vire wrap	rappeu ned			O Drillo	tul d holes		II NON	s (open	(IOIe)
1	nunuous siot uvered shutter		Key n	ot unched			orch cut			1	0 Other	r (snecify	ď			
					00.0											
SCREEN-P	ERFORATED	INTERVAL		om2										to		
				om		ft. to				_ft. From	m		<sup>π.</sup>	to		π.
GR.	AVEL PACK II	NTERVALS	: Fr	om2	20.0	ft. to		7.0						to		
			Fr	om		ft. to		$\sim$		ft. Fron				to		
6 GROUT	MATERIAL:	1 Nea	t cemen		Cement gro	out		3 Ben	ntonite	4	Other					
Grout Interv	als From	0.0	ft. to	2.0	ft. From	١	2.0	ft.	to	7.0	ft.	From		ft. to		ft.
	nearest source									Livestocl				oandoned v		
1 Se	ptic tank		4 La	teral lines		7 Pit	privy		(1)	Fuel stor	rage (for	mer)	15 O	il well/ Gas	well	
2 Ser	wer lines		5 C	ess pool			vage lago		12	Fertilizer	r storage	•	16 O	ther (speci	fy belov	v)
3 Wa	tertight sewer	lines	6 Se	epage pit		9 Fee	edyard		13	Insecticio	de stora	ge				
Direction fro	m well?			No	rth				How	many fee	et?			110		
FROM	TO	CODE						LITH	IOLOGI	C LOG						
0.0	1.5			gravel, lo												
1.5	3.5			own sand												
3.5	6.0			ry silty cla												
6.0	8.5			ilty clay,				and gra	ay, firr	m, mois	st					
8.5	13.5			layey silt												
13.5	16.0			ilty clay,											<u> ist</u>	
16.0	18.0			ilty clay,												
18.0	19.5			own silty									g odo	r		
19.5	20.0			ive brown	shale, c	alcare	ous, lir	<u>nestor</u>	ne frag	gments	, hard	, dry	RE	CEIV	FD	
20.0		L	imesto	ne										OLIV	<u></u>	
													kin.	0 / ^	AA7-	
													NUV	<b>29</b> 2	<u>UU4</u>	
			BUREAU OF WATER													
Flush-mount well completion approved by Don Taylor, KDHE, BOW.														$\overline{}$		
																-
- loc:			EDIC C	DTIFICATO	NI. 77:			· ·	4-1 (6)			(0)1				4
_	ACTOR'S OR			00/40		iter we	ıı was (1)									
	on (mo/day/yr)													dge/and/be		
1	Contractor's Li				692			_ This V	vater W			ompleted	yon (mo	VOENINT)	f-4112	24/04
under the bi	usiness name	of		Quad	State Se	rvices	s, Inc.	4-12	5	by (s	signature	e) '/	IM	L N	<u>v /</u>	20 6 144
INSTRI	UCTIONS:. Ple n St., Ste. 420,	ase fill in blar Topeka, Kon	nks and c	rcle the corre	ot answers.	Send th	nree copie:	s to Kans	as Depa	artment of /ELLOW/N	r Health a NER and	retain one	nnaent, B	records	ater, 10()	in 2 M
Jackso	,, OL., Old. 42U,	i opoka, Nati	Jas 000 I	_ 1557. TOR	P. IOI IO. 313-	_00-004	Jenu C	, IO IO 14/		011	a N	, outin i Oi le	. ioi youl			