Thomas	LOCATION OF WATER WE	LL: Fraction	WELE RECORD FORM	Conti	on Number	Township N	lumber	Ranc - Number	
TYPE OF BLANK CASING USED: Selection Special and surface in 18 and selection (Special Special	ounty: Thomas	s Sc 1/2	SC %-SC	14				R 32 EN	
## S. Andrews. Row # 425 US 83 State. 2P Code Oakley, KS 67748 **COATE WELL'S LOCATON WITH A CONTROL OF THE COMPLETED WELL STATIO WATER STATION AND AND AND AND AND AND AND AND AND AN	istance and direction from nea	rest town or city street addr	ess of well if located with	nin city?					
## S. Andrews. Row # 425 US 83 State. 2P Code Oakley, KS 67748 **COATE WELL'S LOCATON WITH A CONTROL OF THE COMPLETED WELL STATIO WATER STATION AND AND AND AND AND AND AND AND AND AN		Ashin Phania							
Application Number: LOCATIE WELLS LOCATION HIT AN "X' IN SECTION BOX: N									
Depth Dept	R#, St. Address, Box # : 4	t. Address, Box # : 425 US 83			•				
NAY Y INSECTION BOX. No. No. Dispetition of Commented 1	ity, State, ZIP Code	Jakiey, KS 6//48				Application N	umber:		
Pump lest data. Veel water was. If after hours pumping gpm. Well water to Be gpm. Well water was. If after hours pumping gpm. Well water to Be Use Co. S. Public water supply S. Submitted S. S. No. S. If yes, mc/day yas sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day sample was bubmitted to Department? Yes. No. X. If yes, mc/day was bubmitted to Department? Yes. No. X. If yes, mc/day was bubmitted to Department? Yes. No. X. If yes, mc/day was bubmitted to Department? Yes. No. X. If yes, mc/day was	AN "X" IN SECTION BOX:	DEPTH OF CO							
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Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Department? Yes No X If yes, moldaylyr sample was submitted to Casing John School Sc	SW SE -								
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1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded 7 Fiberglass Threaded 1 Rc asing height above land surface 18 in , weight 2,38 ibs.ft. Wall thickness or gauge No. 248 PE OF SCREN OR PERFORATION MATERIAL: 1 New leght 2,38 ibs.ft. Wall thickness or gauge No. 248 PE OF SCREN OR PERFORATION MATERIAL: 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete title 9 ABS 12 None used (open hole) 13 Mill solt 14 Key punched 15 From 113 ft. to 153 ft. From 16 to 10 Other (specify) 10 Other (specify) 10 Other (specify) 10 Other (specify) 11 None (open hole) 12 None used (open hole) 13 None (open hole) 13 None (open hole) 14 None (open hole) 15 None (open hole) 16 None (open hole) 17 None (open hole) 18 None (open hole) 11 None (open hole) 12 None (open hole) 11	TYPE OF BLANK CASING		5 Westables	9 Conoro					
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was impleted on (mo/day/yr) 6-2-68 and this record is true to the best of my knowledge and belief. Kansas after Well Contractor's License No. Solution	81 86		ed sd w/clay						
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureay of Wate(11000 S.W.) Jackson St., Ste. 420, Topeka, Kansas 66612-1367, Telephone: 913-296-5545, Send one to WATER WELL OWNER and retain one for your records.	nder the business name of	Woofte	er Pump & Well In	IC.		by (signature) 🚄	Jany 4 UCa	My XIXII	
	INSTRUCTIONS: Please fi Jackson St., Ste. 420, Tonel	ii in blanks and circle the corre ka. Kansas 66612-1367 Tele	ect answers. Send three co phone: 913-296-5545 Se	pies to Kansa nd one to WA	as Deparme TER WELL	ent of Health and En OWNER and retain	yironment, Bureay one for vour recen	ds.	