v.			W	ATER WE	LL RECO	RD Form	WWC-5	KSA 828	a-1212	2			re	VISe	ed -
1 LOCATIO	N OF WATER		Fraction				Sect	tion Numb	er		•			e Numbe	
County:		sell				NW		34		<u>T 1</u>	1	S	R	11	W
Distance and	direction from	n nearest t	own or city stree	t address So u	of well if u th of b	located with	iin city <i>?</i> Lucas. K	(ansas							
2 WATER V	VELL OWNER	R: Qual	ity Oil Com												
	lress, Box #			•						Board of	Agricultu	ıre, Division	of Wat	ter Resou	urces
City, State, Z	IP Code	Luca	s, KS 67648	3	•					Application	n Numb	er:			
LOCATE	WELL'S LOC	ATON WIT	'HI.I				40								
AN "X" IN	SECTION BO	OX:	DEPTH C	OF COMP	LETED V	VELL.	40	ft. EL	EVA1	rion:					
1 Section	N		Depth(s) Gro												
1	vi I	İ	WELL'S STA	TIC WAT	ER LEVE	EL	ft.	below land	d surf	ace measu	ired on r	no/day/yr _			
	x w	NE	F	ump test	data: V	Vell water w	as		Ft. ε	after		hours pump	oing		Gpm Gpm
		1	Est. Yield		Gpm: V	Vell water w	as		Ft. a	after		Hours pum	ping		Gpm
₩ W			E Bore Hole D	ameter	8.625	In to	40)	ft	and		in. to			Ft.
ī		i I	WELL WATE	ER TO BE	USED A	S: 5 Pub 6 Oil f	lic water s	upply		8 Air cor	nditioning	g 11 ln	jection	well	ا
	- SW	- SE		estic 3	Feed lot	6 OII f	ieid water	supply		9 Dewat	ering		(S) ISHI	pecity be	low)
↓		i	2 Irriga			l 7 Law									
' L	S		Was a chem	ical/bacte	riological	sample sub	mitted to I	Departmer	ıt? Ye	s N	10 🟋 🗀	_ If yes, mo	/day/yr	sample v	<i>w</i> as
		***************************************	Submitted					\	Nater			Yes		No X	
5 TYPE OF	BLANK CAS	ING USED):	5	Wrought	Iron	8 Concr	ete tile		CASING	JOINTS	Glued	(Clamped	
1 Stee	el	3 RM	P (SR)	6	Asbestos	s-Cement	9 Other	(specify be	elow)			Welded			
2 PVC	`	4 ABS	3	7	Fiberglas	ss						Threaded	d	X	
Banconina					Ft.,										
Blank casing	diameter	2	in. to	20	__ Dia		ln.	to		ft., Dia		in.	to		· ft.
Casing heigh	nt above land	surface	FLUSH	ln., w	eight	SC	H 40	Lbs	./ft. ∨	/all thickne	ess or ga	uge No			
TYPE OF SC	CREEN OR P		ION MATERIAL									s-cement			
1 Stee			inless steel		_							specify)			
2 Bras			vanized steel	6	Concrete	e tile	9	ABS				sed (open h		(anon he	اماد
			NINGS ARE:			5 Gauzed						11	None	(open no	ne)
			3 Mill slot			6 Wire wr				9 Drilled h					
			4 Key punched			7 Torch c			<u>-</u>	o Other (specify)				
SCREEN-PE	ERFORATED	INTERVAL	S: From												
					tt.	to	40		. Fro	m		It, to .			· Fi.
SAN	ID PACK INTI	ERVALS:				to									
			From			. to	Section 1			m					Ft.
6 GROUT N	MATERIAL:	1 Ne	at cement			t	3 Ber	ntonite	4	Other					
Crout Intonic	ala Eram?	0.5	ft. to	16	=t. =rom3	16	Ft.	,	18	ft Fr	om		ft to		ft
			le contamination		101110			10 Liv	estor	k nens		14 Aband	oned w	ater well	
		c or possib	4 Lateral li		7	Pit privy		11 Fu				15 Oil wel			
1 Septic tank 4 Late 2 Sewer lines 5 Ces						Sewage la	nnon			r storage		16 Other			-
		linna	•			Feedyard	goon			ide storage	_	No.	Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, where the Owner, where the Owner, where the Owner, which is the Owner, which i	ated Si	ite
3 vvai Direction from	tertight sewer	imes	6 Seepage	s bir	9	reedyald		How ma		_	•	00111	A1111110	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
FROM	TO	CODE	ł IT	HOLOGIC	CLOG		FROM	TO	1119 10	<u> </u>	PLUG	GING INTE	RVALS	3	
0	3		Topsoil				. 1.0101	+	+						
3	10		Silty Clay					+	+						
10	11		Silt stone						\top			,			
11	15		Silty Clay												
15	16		Silt stone												
16	35		Silty Clay												
35	36		Silt stone												
36	40		Silty Clay, s		solven	t odor									
40	TD		End of Bore	nole											
		-													
						~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			$\dashv$						
		<del>  </del>										***************************************			
7 CONTRA	ACTOR'S OR	LANDOW	NER'S CERTIFI	CATION:	This wat	er well was	(x) constru	ucted, (2) r	econs	structed, or	r (3) plud	ged under	my juris	sdiction a	and w
Completed of	on (moldaylur	·)	(	8/28/12	2		And t					knowledge			
			 `		85		Thie \								
			Asso	ciated	Enviro	nmental	Inc		co.	(signatura)	Bra	dley J. J	Ohns	on/)/	/- <del></del>
INSTRI	usiness name UCTIONS:. Ple	ease fill in hi	anks and circle th	e correct a	nswers. S	end three co	pies to Kan	sas Depart	ment o	of Health an	d Enviror	nment, Bure	Kof Wa	ater/Topel	ka,
Kancac	66620_0001	Telephone	913-296-5545.	Send one to	MATER	WELL OWN	FR and reta	in one for y	our re	cords '		BINCLO	1198	11 Km	Seine