LICOATION OF WATER WELL: Franction C N 12 NW S S T 11 S R 29 E/OX	4 11 004 71	ON OF WATER	D.14651.L.	I =		-	· · · · · · · · · · · · · · · · · · ·	1.0	N b .	-	-L:- NIL	D		
WATER WELL CWINER: Darren Schultz Standard direction from nearest town or city street address of well if located within city?							11147			1		i '		2
WATER WELL OWNER: Darren Schultz Standards Box # 4429 CO Rd Z Board of Agriculture, Division of Water Resources March Standards Box # 4429 CO Rd Z Board of Agriculture, Division of Water Resources March Standards Box # 4429 CO Rd Z Board of Agriculture, Division of Water Resources March Standards Box # 429 CO Rd Z Board of Agriculture, Division of Water Resources Application Number:	County:	G	ove	C	1/4	N 1	/2 NW	1/4	36	<u> </u>	11 S	R	29	_ E/W)
RE ST Address Box # 1429 CO Rd Z State, ZIP COA Grainfield, Ke 67737 Supplied Number: Application Number:	Distance an	d direction from	n nearest town	or city stre	et addres	s of well i	if located wi	thin city?						
RE ST Address Box # 1429 CO Rd Z State, ZIP COA Grainfield, Ke 67737 Supplied Number: Application Number:														
My Sales, 2P Code Grainfield, Ks 67737 Application Number:	2 WATER	WELL OWNE	R: Darren	Schultz										
My Sales, 2P Code Grainfield, Ks 67737 Application Number:										Roard (of Amiculture Di	vision of W:	ater Resr	Surres
DEPTH OF COMPLETED WELL 100 ft. ELEVATION:	11 m, OL AU	71D O - 1	Grainfic	dd Ke	67727						-	VI31011 01 VV	ater 11030	Julices
N N N N N N N N N N	Jity, State,	ZIP Code	STONIANTIN	iu, No	01131					Applica	tion Number:			
Depthic) Groundwater Encountered 1	3 ANI "Y" II	NELLS LUC	ATON WITH	4 DEDTU	OF COM	DIETEN	\A/E1 (100	n + ⊏15	EVATION:				
WELL STATIC WATER LEVEL 18 ft. below land surface measured no mordayyy 1 water was 1. 8. fter nours pumping gpm will water was 1. 8. fter nours pumping gpm will water was 1. 8. fter nours pumping gpm swell swell water was 1. 8. fter nours pumping gpm swell water was 1. 8. fter nours pumping gpm swell water was 1. 8. fter nours pumping gpm swell water was 1. 8. fter nours pumping gpm swell water was 1. 8. fter nours pumping gpm swell water was 1. 8. fter nours pumping gpm swell water was 1. 8. fter nours pumping gpm swell gpm swell water was 1. 8. fter nours pumping gpm swell gpm swell water was 1. 8. fter nours pumping gpm swell gpm swell was 1. 6. fter nours pumping gpm swell gpm swell gpm swell supply 2. fter nours pumping gpm swell gpm swell supply 2. fter nours pumping gpm swell gpm swell gpm swell supply 2. fter nours pumping gpm swell gpm swel			_		OF COM		VVLLL		IL LLC	EVALION				
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Pump test data: Well water was the after hours pumping gpm was the property of the Diameter some state of the Diameter S of the Diameter some state of the Diameter S of the D	↑ Г	V	i	NELL'S ST	ATIC WA	TER LEV	ÆL I	na ft.	below land	surface mea	sured on mo/da	y/yr		
Bore Hole Diameter 8 in to 110 ft. and ministry 1 Injection well 1 Steel 3 Rule (St. 12 Steel 1 Steel 1 Steel 1 Steel 1 Steel 1 Steel 3 Rule (St. 12 Steel 1 Steel 1 Steel 1 Steel 1 Steel 1 Steel 3 Rule (St. 12 Steel 1 Steel 1 Steel 1 Steel 1 Steel 1 Steel 3 Rule (St. 12 Steel 1 Steel 1 Steel 1 Steel 1 Steel 1 Steel 3 Rule (St. 12 Steel 1 Steel 1 Steel 2 Steel 1 Steel 1 Steel 3 Rule (St. 12 Steel 1 Steel 3 Rule (St. 12 Steel 1 Steel 3 Rule (St. 12 Rule (St. 12 Steel 3 Rule (St. 12														apm
Well_WATER TO BE USED AS 5 Public water supply 9 Devatering 11 Injection well 11 Injection well 12 Other (Specify below) Well_WATER TO BE USED AS 5 Public water supply 9 Devatering 12 Other (Specify below) I_Domestic 3 Feed lot 6 Other disease supply 9 Devatering 12 Other (Specify below) Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, mordaylyr sample was water view Distincted? Yes X No X If yes, mordaylyr sample was usubmitted 3 RMF (SR) 6 Asbestos-Cement 9 Other (specify below) TYPE OF BLANK CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued X Clamped 1 Stele 1 3 RMF (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Thread Asbestos-Cement 9 Other (specify below) Threaded Thread Asbestos-Cement 9 Other (specify below) Welded Thread Asbestos-Cement 9 Other (specify below) Threaded Threade		NW 												
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ank casing diameter 4.5 in. to 60 ft., Dia in. to ft., Dia in. to 2.38 in., weight above land surface 18 in., weight 2.38 ibs./it. Wall thickness or gauge No. 248 (PPC OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete title 9 ABS 12 None used (open hole) CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes 11 None (open hole) 2 Country district 4 Key punched 7 Torch cut 10 Other (specify) CREEN-PERFORATED INTERVALS: From 60 ft. to 100 ft. From ft. to ft. GRAVEL PACK INTERVALS: From 7 ft. to 100 ft. From ft. to ft. GRAVEL PACK INTERVALS: From 6, t. to 100 ft. From ft. to ft. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other rout Intervals From 0 ft. to 20 ft. From ft. to ft. I Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Other (specify) level (and water well 13 Wall Gas well 14 Other (specify) level (and water well 22 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fortilizer storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 13 Insecticide storage 16 Other (specify below) 15 Fine to some med sand 35 5 1 Fine to med sand 8 some gravel 5 5 6 Sandy clay 5 Fine to some med sand 5 Some gravel 5 Sandy clay 5 Fine to some med sand 5 Some gravel 5 Some part of this water well was (1) constructed, (2) reconstructed, or (3) plugged under my Jurisdiction and was mapleted on (moldaylyr) 5-6-05 and this record is true to the best of my knowledge and belief. Kansas mapleted on (moldaylyr) 5-6-05 and this record is true to the best of my knowledge and belief. Kansas mapleted on (moldaylyr) 5-20-05 Woofter Purmp & Well Inc. by (signature on (moldaylyr) 5-20-05 the contractor's License No.	2 PV	c	A ARS	·	7	Fiberals	100			•	Thr	eaded		
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der the business name of Woofter Pump & Well Inc. by (signature) INSTRUCTIONS:. Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water. 1800 S.W.	rater Well (Contractor's Lie	cense No.								ompleted on (mo	o/day/yr)		
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Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	INSTRU	JCTIONS: Plea	ase fill in blanks a	and circle the	e correct ar	nswers. S	end three co	pies to Kans	as Departme	ent of Health a	nd Environm ø ft, E	Bureau of Wa	ter, 19 00 :	s₩