County: Wallace	Fraction	NW-NW-NW	Sec	_3_	_ T_	11	s	R_	42	E/W
	CTION(S) TO (to re	WATER WELL COMP ectify lacking or incorrect	PLETION	RECOR						
Location was listed as:			Locati	on chan	ged to:					
Section-Township-Range:										
Section-Township-Range: Fraction (1/4 1/4 1/4):										
Other changes: Initial statements:										
Changed to: Wallace Count										
Comments:										
Verification method:										
Submitted by: Kansas Geological S	urvev. Data Res	ources Library, 1930 Co	nstant Ave	in	itials:	<u>DF</u>	date:	4	1/30/14	
to: Kansas Dept of Health & Enviro	onment, Bureau	of Water, 1000 SW Jacks	son, Suite	420, Top	eka, KS	66612	2-136	7.		

WA	ATER WELL RECO	ORD Form WV	NC-5 KSA 82a	i-1212 ID No.		
LOCATION OF WATER WELL:	Fraction	1 1	Se	ection Number	Township Number	Range Number
County: Cheyenne	_ NW 1/4	NW 14 1	IW 1/4	3	т // (s) R 42 EM
Distance and direction from nearest to	wn or city street a	ddress of well if lo	cated within city?		_	
al WATER WELL COMMERCE OF A A	7	odlan	2 4			
2 WATER WELL OWNER	exitue	etHan				
RR#, St. Address, Box # : City, State, ZIP Code	330 Jana, J	(5 677	735	_	Application Number	
3 LOCATE WELL'S LOCATION WITH	4 DEPTH OF CO	MPLETED WELI		మ్ ft. ELEVATI	ON:	
AN "X" IN SECTION BOX:		lwater Encountere	ed 1	50ft. 2	2 ft	. 3 ft.
K i i	WELL'S STATIC	WATER LEVEL		iow ianu sunace	measured on mo/day/yr	シェン・ロー
1 1	Est. Yield	p test data. Wei apm: Wei	l water was	π. απ ft afi	ter hours	pumpinggpm
NW NE	WELL WATER I	O BE USED AS:	5 Public water	supply {	3 Air conditioning 11	Injection well
W E	2 Irrigation	3 Feedlot4 Industrial	6 Oil field wate	er supply §	Dewatering 12	Other (Specify below)
· · · · · · · · · · · · · · · · · · ·	2 migation	4 muusmai	7 Domestic (la	wn & garden) 10	D Monitoring well	
swse	Mas s shawing					
	mitted	bacteriologicai sa	mple submitted to	Department? Ye	s; If yes er Well Disinfected? (res	, mo/day/yrs sample was sub-
				vvai	er weii Disililected? res	No
5 TYPE OF BLANK CASING USED:		E 147				
1 Steel 3 RMP (SI		5 Wrought iron 6 Asbestos-Cemera	8 Conci	rete tile (specify below)	CASING JOINTS	ued) Clamped
2 PVC 4 ABS	,	7 Fiheralass			TI-	eldedreaded
Blank casing diameter	5in. to		Dia	in to	ft Dia	in to the
Casing height above land surface) in., weight		205 lb	s./ft. Wall thickness or ou	age No SDR21
TYPE OF SCREEN OR PERFORATIO	N MATERIAL:		(7 P)		10 Asbestos-Ce	ement
1 Steel 3 Stainless		5 Fiberglass	8 RI	MP (SR)		ify)
2 Brass 4 Galvaniz		6 Concrete tile	9 A	3S	12 None used (open hole)
SCREEN OR PERFORATION OPENIN			Guazed wrapped	(8 Saw cut	11 None (open hole)
	lili siot		Wire wrapped Torch cut		9 Drilled holes	
	ey punched			5	10 Other (specify)	ft.
SCREEN-PERFORATED INTERVALS:	From	ft. t. هـ	o	ft., From	ft.	to
GRAVEL PACK INTERVALS:	From		0	It., From ft., From	It. ff	toft.
Pla anound _	From		o/ <i>O</i>		ft.	toft.
	cement					
Grout Intervals: From	3 ft to	2 Cement grou	it 3 Ben	itonite 4	Other	
What is the nearest source of possible	contamination:	From	П.			
1 Septic tank 4 Later		7 Pit	priva.	10 Livestoo	•	Abandoned water well
2 Sewer lines 5 Cess			vage lagoon	11 Fuel sto 12 Fertilize	_	Oil well/Gas well
3 Watertight sewer lines 6 Seep	-	9 Fee	•	13 Insectici		Other (specify below)
Direction from well? None in	Mion	ン	, ayara	How many	•	
FROM TO	LITHOLOGIC	.OG	FROM	то	PLUGGING	INTERVALS
0 20 Clay					reddanta	TO THE TOTAL O
20 40 Days						
40 60 clast	_					
60 80 Graves	1 7 Sau	M.				
80 100 ghavie	7 Clau	اسا				
100 120 Shale	-> clay	0				
	$ \mathbb{I}$					
7						
CONTRACTOR'S OR LANDOWNER completed on (mo/day/year)	R'S CERTIFICATI	ON: This water w	ell was (1 constr	ucted)(2) recons	structed, or (3) plugged u	nder my jurisdiction and was
completed on (mo/day/year)	ZZZ	·····	M-4181 11 ==	and this reco	rd is true to the best of my	knowledge and belief. Kansas
under the business name of $\begin{pmatrix} 1 & 1 & 1 \\ 1 & 1 & 1 \end{pmatrix}$		nis ۷ ر	vater vvell Hecord		on (mo/day/yr)	7-01
- Ning	RI FASE PRICE TO	ma to	Di gui i i		inature) / Keckless	Velical
INSTRUCTIONS: Use typewriter or ball point per and Environment, Bureau of Water, Geology Sec records. Fee of \$5.00 for each constructed well.	tion, 1000 SW Jackson	St., Sufte 420, Topeka,	riease till in blanks, und Kansas 66612-1367. Te	perline or circle the cor lephone 785-296-5522	rect answers. Send top three copi 2. Send one to WATER WELL OW	es to Kansas Department of Health NER and retain one for your