.1			WAIEF	OND FO	om www.							
1 LOCATION OF WATER WELL:			Fraction	11.1		Se	ection Number	Township	,	Range N	umber	
County:	Ellis		NE 1/4	NW 1	14 SW	1/4	//	T 14	S	R 16	74(dw)	
		from nearest towr		dress of well	if located	within city?						
			,									
2 WATER	R WELL OW	NER: <i>Robbe</i>	n bil									
		# : 207 W					M11/-2	> Board o	f Agriculture	Division of Wate	ar Basources	
							MW-3		•	DIVISION OF WALE	ar nesources	
	, ZIP Code	Victor	a, KS			_			tion Number:			
LOCATI	WELL'S LO	OCATION WITH 4	DEPTH OF CO	MPI ETED I	WELL 3	35	# FLEVAT	CION:			ľ	
AN "X"	IN SECTION	1 DOV.										
_	_ N		Depth(s) Groundv	vater Encoun	itered 1		π. 2	<i></i>	π. ;	3	π.	
T	1	1 1 1	WELL'S STATIC	WATER LEV	EL 26.	5. Z ft.	below land surf	ace measured	on mo/day/yr	·	<i></i>	
I	-	1 1								umping		
! -	- NW	NE							•	. •	٠. ا	
1 1		1 1 15	Est. Yield	gpm: \	Well water v	was	ft. af	ter	hours pi	umping	gpm	
.	- i I	1 1	Bore Hole Diamet	ter	in. to			ınd	ir	n. to	<i></i> .ft.	
₩ +			WELL WATER TO					8 Air condition		Injection well		
<u> </u>	xi I								•	•		
1	- sw	'	1 Domestic	3 Feed		Oil field w		9 Dewatering		Other (Specify		
-	w I	3:	2 Irrigation	4 Indus	strial 7	Lawn and	garden only	0 Monitoring v	vell,			
1 1	- ! 1	: 11,	Was a chemical/b	actoriological								
♦ L				acteriological	sample sui	ominited to i	•				iple was sub-	
<u>-</u>	\$	r	mitted				Wat	er Well Disinfe	cted? Yes	(No)	<u>'</u>	
5 TYPE (OF BLANK C	ASING USED:		5 Wrought i	ron	8 Cond	rete tile	CASING	JOINTS: Glue	d Clamp	ped	
_		3 RMP (SR	١	6 Asbestos-		Q Otho	r (specify below	٨	Wol	ded	1	
1 Ste		•)					•				
(2 PV		4 ABS	_	7 Fiberglass					Thre			
Blank casi	ng diameter	i	n. to	ft Dia	1 <i></i>	in. t	0	ft., Dia		in. to	ft.	
	•	and surface	•								1	
-	-			iri., weight.								
TYPE OF	SCREEN O	R PERFORATION	MATERIAL:			⊘ P	VC	10 /	Asbestos-cem	ent		
1 Ste	eel	3 Stainless	steel	5 Fiberglass	5	8 H	MP (SR)	11 (Other (specify)		
2 Bra	200	4 Galvanize	d stool	6 Concrete		9 A			None used (or	•		
				0 CONCIETE			50		tone asea (o			
SCREEN	OR PERFOR	RATION OPENING	S ARE:		5 Gauzed	wrapped		8 Saw cut		11 None (ope	n hole)	
1 Co	ntinuous slo	t 🤇 Mill	Slot		6 Wire wr	apped		9 Drilled hole	es		i	
210	uvered shutt		y punched		7 Torch c	ut.		10 Other (end	cifu)			
			•	24								
SCREEN-	PERFORATE	D INTERVALS:	From		. ft. to					to		
			From	<i>.</i>	. ft. to		ft., Fron	n	ft.	to	ft.	
,	SDAVEL DA	CK INTERVALS:								to		
•	SHAVEL FA	OK INTERVALS.	_	P			•					
			From	_	ft. to		ft., Fron		ft		ft.	
6 GROUT	MATERIAL	: 1 Neat ce	ement 2	ement gro	out	3 Ben	tonite 4	Other . Bear	mik Kl	res		
Grout Inte	nuale: Eron	n	ft. to !			ft	to 18	ft From		ft to	f+	
					ли че							
What is th	e nearest so	urce of possible of	contamination:				10 Livest	•	14 /	Abandoned wate	r well	
1 Se	eptic tank	4 Latera	l lines	7 Pit	privy		uel s	storage	15 (Dil well/Gas well	i	
2 Sewer lines 5 Cess po			nool	, ,			12 Fertilizer storage			16 Other (specify below)		
3 Watertight sewer lines 6 Seepage			•								,,,	
3 W	atertight sew	er lines 6 Seepa	ige pit	9 Fe	edyard		13 Insect	ticide storage				
Direction f	rom well?						How mar	ry feet?				
FROM	ТО		LITHOLOGIC I	LOG		FROM	то		PLUGGING	INTERVALS		
	2	7-46-	n silty cla									
0												
5	20	Brown cla	upy 51/t 1	b/some +	sie 50m	~						
		and calie	Le fragina	H								
24	25	Brown Ch		where s	and							
20							+					
25	27	Brown cla	riged SILT W	1th the	Sad.							
27	35	Fire to Coan	se sitte	Elane :	Sond		1 1					
			7,	- 77								
	1 1						 					
							<u> </u>					
							1 1					
											-	
							1					
	†											
	L											
7 CONTI	PACTORIO O	OR LANDOWNER	'S CERTIFICATION	ON: This	or wall	(1) 00001	ruoted (2)	netrusted or //	2) physical	der my juriodisti	ion and was	
_		OR LANDOWNER	100	UN: This wat	er well was	(i) const						
completed	on (mo/day/	year) / <i>0. [á</i>	27/23, 5.0				and this reco	rd is true to the	best of my ki	nowledge and be	elief. Kansas	
Water Wel	I Contractor	s License No	4.58	This	Water Wel	Record v	as completed o	on (nodav/vr)	3/1	U174	. 0 0	
i		ν	~ N'/		. ,	11	by (signat	\	X	OA	4	
	business na		-s more	16241		-			- H. D	- Ala	~~	
INICTOL	JCTIONS: Use ty	pewriter or ball point p	en. PLEASE PRESS FI	IRMLY and PRIN	arly. Pleas	e fill in blank	s, underline or circle	the correct answe	rs. Send top three		Department	
INSTITU					040 000 FEA	E Cond one	to WATER WELL OV	MNIED And retain of	ne for your record	to \ I		