County: Salid See 1 See	1 LOCATION OF WATER WELL:	Fraction	NECOND FOILIT	Section Number		ber Range	Number
Distance and disection from nearest town or oity street address of well it located within city?  WATER WELL OWNER:  WATER S. Address. Do **  COR, State, ZIP Code  ON STATE, ZIP Code  ON STATE STATE STATE LEVEL 20  DOORTE WELLS SCATON WITH LEVEL 20  LEVELS STATE OWNER Expoundwater Encountered 1. 2. 1. 2. 1. 2. 1. 2. 1. 1. 2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	County: Saline		J 4 SE 4	136	T /7	(S) R	
WATER WELL OWNER  A SIA Address Box #  CIN, State, SIP Code  SAPERISE ADDRESS Box *  CIN, STATE, STATE, STATE, STA	Distance and direction from nearest town of		well if located within	city?			
Fine, St. Addrese, Box # Cong. State 2 PC Code   SA Addrese, Box # Cong. State 2 PC Code   SA Addrese, Box # Code   SA Ad	512 6	AIL					
RRB. St. Address, Box # CAPUL BORD ST. Application Number   DEPTH OF COMPLETE WELL   It. ELEVATION   24   Depth of Complete Proceedings   DOCATE WELL'S LOCATION WITH   DEPTH OF COMPLETE WELL   It. ELEVATION   24   Depth of Complete Proceedings   25   Depth of Complete P	2 WATER WELL OWNER:	Markel					
DOCATE WELL'S LOCATION WITH    DEPTH OF COMPLETED WELL   1. the LEVATION   1. the Depth of Company   1. Co. 9. th.		2-Maric			Board of Agri	culture, Division of W	ater Resources
DOCATE WELL'S LOCATION WITH    DEPTH OF COMPLETED WELL   1. the LEVATION   1. the Depth of Company   1. Co. 9. th.	City, State, ZIP Code : Sol	INA KS	674	0 /			
Next STATIC WATER LEVEL 20. 2. n. below, land surface measured on more taying the factor with water was a 1.2. n. after 2. hours pumping 3. gpm pumping 4. ppm pumping 4. p	J LOCATE WELL'S LOCATION WITH 4	DEPTH OF COMPLET	ED WELL	ft. ELEVA	ATION:/.2.	4.1	
Pump lest data: Well water was 1/2 ft. after 1/2 hours pumping 0 pm Bore Hole Diameter 2/2 in 10 pm 1/2 ft. and 5/2 in 10	N I De	epth(s) Groundwater En	countered 1	4. <del>1</del> π.	2	π. 3	-90
Est. Yield ## O_ grry, Well water was	1	ELL'S STATIC WATER	LEVEL ALD. 72	- π. below land su	mace measured on m	o/day/yrut .x	7
Bore hole Diameter 7 27 in. to 5.5 ft. and 5.7 in. to 5.5 ft. and 5.	NW NE						
Well WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedot 5 Public water supply 9 Dewatering 12 Other (Specify below) 2 Inrigation 4 Industrial Jawn and garden only 10 Monitoring well was a chemical-bacteriological sample submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry sample was submitted to Department? Yes. No. X., If yes, modalyry yes, modalyry yes, modalyry yes. No. X., If yes, modalyry yes, modalyry		it. Yield . 4. 0. gpr	well water was	۳. ۶۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰۰	aπer 51/2	nours pumping	/ spin
1 Domestic   3 Feedot   2 Impation   4 Industrial   2 John and garden only 10 Monitoring well   Was a chemical bacteriological sample submitted to Department? Yes   No   X   11 yes, modayly sample was submitted   2 John and garden only 10 Monitoring well   Was a chemical bacteriological sample submitted to Department? Yes   No   X   11 yes, modayly sample was submitted   3 RMP (SR)   6 Abestor-Cement   9 Orther (specify below)   Wideled   Cannyed   11 yes, modayly sample was submitted   11 yes, modayly sample was submitted   12 John   13 John   14 John   15	:- W	•	_				
2 Irrigation 4 Industrial Lawn and garden only 10 Monitoring well.  Was a chemical-bacteriological sample submitted to Department? Yes. No. No. X., If yes, morbayry sample was submitted.  Type OF BLANK CASING USED. 5 Wrought iron 8 Concrete tille CASING JUNTS: Glue A Casing left and the submitted of the submitt	-				•	•	
Was a chemical bacteriological sample submitted to Department Yes. Mo. M. If yes, moldayry sample was submitted in the middle with the molecular transfer of the molecular tra	SW SE		<b>→</b> 1		_		
Type OF BLANK CASING USED:  S Wrought iron S Concrete tile CASING JOINTS: Glued CASING JOINTS	1				<b>1</b>		
Street OF BLANK CASING USED   5 Wrought iron   8 Concrete lile   CASING JOINTS: Glued   CASING JOINTS: Glued JOINTS: Glued   CASING JOINTS: Glued JOINTS:			gicai sampie submitte		/-		ļ.
Sheel   3 RMP (SR)   6 Asbestos-Cement   9 Other (specifly below)   Weidled							
Pivoc   AABS	<b></b>		•			/ \	1
Blank casing diameter 5 in to 5 o. ft. Dia in to ft. Dia in to ft. Casing height above land surface. 2 in, weight 10 o. bt. Mult thickness or gauge No. 2 144 17 19 O. SchEen OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 11 Other (specify) 10 Other (specify) 10 Other (specify) 10 Other (specify) 11 Other (specify) 11 Other (specify) 12 Other (specify) 12 Other (specify) 13 Other (specify) 13 Other (specify) 14 Other (specify) 15 Other (specify) 15 Other (specify) 15 Other (specify) 16 Other (specify) 16 Other (specify) 17 Other (specify) 17 Other (specify) 17 Other (specify) 18 Other (specify) 19 Other (specify) 10 Other (specify)					•		1
Casing height above land surface. — 4 in., weight   150   15s./ft. Wall thickness or gauge No. 2/44   17YPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 6 RMP (SR) 11 Other (specify)   1 Other (spe			•				
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Grass 4 Galvanized steel 6 Concrete tile 9 ABS 12 Nore used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 2 Louwered shutter 4 Key punched 7 Torch cut 10 Other (specify) 5 CREEN PERFORATED INTERVALS: From 5 h 1. to 10 ht., From 1. to 1. t., From 1. to 1. t. from 1. t. from 1. to 1. t. from 1. t. from 1. t. from 1. to 1. t. from 1. t. f							
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2 Brass				~			
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1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cull 10 Other (specify)			rete tile			` '	
2 Louvered shutter 4 Key punched 7 Torch cut CREEN-PERFORATED INTERVALS: From 5 k t. to 4 ft. From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 2 t. t. to 5 k ft. From ft. to ft. From ft. to ft. From ft. to ft. GRAVEL PACK INTERVALS: From 2 t. t. to 5 k ft. From ft. to ft. GRAVEL PACK INTERVALS: From 2 t. t. to 5 k ft. From ft. to ft. From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 1 Septic tank 4 Lateral lines 7 Pit privy 1 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Naterijah sewer lines 6 Seepage pit 9 Feedyard 13 Insection from well? FROM 10 Compact For FROM 10 PLUGGING INTERVALS  O COMPACT FROM				•		11 None (	open hole)
SCREEN-PERFORATED INTERVALS: From. 5			6 Wire wrappe	d			
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GRAVEL PACK INTERVALS: From. 22 ft. to 56 ft., From ft. to ft.  From ft. to ft. to ft., From ft. to ft., From ft. to ft.  GROUT MATERIAL: 1 least cement 2 Cement grout 3 Bentonite 4 Other  Grout Intervals: From. 0. ft. to 2. ft., From ft. to ft., From ft. to ft., From ft. to ft.  What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Natertights sewer lines 6 Sepagae pit 9 Seedyard 13 Insecticide storage How many feet? 10 Compact Control of the feet o	SCREEN-PERFORATED INTERVALS:						
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Grout Intervals: From							ft.
What is the nearest source of possible contamination:  1 Septic tank   4 Lateral lines   7 Pit privy   1 Septic tank   5 Cess pool   8 Sewage lagoon   12 Fertilizer storage   13 Insecticide storage   14 Other (specify below)   15 Pit privy   16 Other (specify below)   16 Other (specify below)   17 Pit privy   18 Insecticide storage   19 Feedyard   19 Feedyard   19 Feedyard   10 Livestock pens   14 Abandoned water well   14 Eventilizer storage   15 Oil well/Gas well   16 Other (specify below)   17 Pit privy   18 Insecticide storage   19 Feedyard   19 Feedyard   19 Feedyard   19 Feedyard   19 Feedyard   10 Livestock pens   14 Abandoned water well   15 Oil well/Gas well   16 Other (specify below)   16 Other (specify below)   17 Pit privy   18 Feedyard   19 Feedyard   10 Livestock pens   14 Abandoned water well   15 Oil well/Gas well   16 Other (specify below)   16 Other (specify below)   17 Pit privy   18 Feedyard   19 Feedyard   10 Livestock pens   14 Abandoned water well   15 Oil well/Gas well   16 Other (specify below)   16 Other (specify below)   17 Feedyard   18 Feedyard   19 Feedyard   10 Feedyard   10 Company   10 Feedyard   10 Feedyard   10 Company   10 Feedyard   10 F		_	•				I
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Direction from well?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  /O 25 FINE SAND & CIGAT  Brown clay mixed  35 / 35 / Brown to light Brown  Clay  35 / 56 / Medium To Coarse  Sand + grave  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Oconstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)  To contractor's License No. 523. This Water Well Record was completed on (mo/day/yer)  NSTRUCTIONS: Use prewriter or ball boot per, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send to prive copies to Kansas Department of NSTRUCTIONS: Use prewriter or ball boot per, PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of NSTRUCTIONS: Use prewriter or ball boot per PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of the correct answers. Send top three copies to Kansas Department of the correct answers. Send top three copies to Kansas Department of the correct answers. Send top three copies to Kansas Department of the correct answers. Send top three copies to Kansas Department of the correct answers. Send top three copies to Kansas Department of the correct answers.			Sewage lagoon	12 Ferti	lizer storage	16 Other (specify	below)
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Brown to light frown  Clay  35 56' Medium to Coarse  Sand + gravel  Z CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (Donstructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)  and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/yr)  INSTRUCTIONS: Use November or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department	O Compo	acied an					
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Under the business name of Man Well Server by (signature) by (signature) Matthew for the Unit of the Copies to Kansas Department by (signature) by (signatur	completed on (mo/day/year)	CERTIFICATION: This	water well was	constructed, (2) rect	and in Auton 4- 45- 5-	of my knowledge and	holief Karasa
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INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department V	Water Well Contractor's License No			ord was completed	on (mo/day/yr)	of my knowledge and	belief. Kansas
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