LOCATION OF WA	1	Fraction		Form WWC-! Se	ction Number	Township N	umber	Range N	umber
ounty: //٤.S.S		SW 1/4 X		1/4	<u> </u>	T /7	S	R 2/	E(W)
	n from nearest town or				a W a				
4 WEST	1 North 14	125t /2	North 14	WEST C	03 /7c C	RGKEN			- · · · - · ·
	WNER: WIFEIC						_		
#, St. Address, B	ox # : Bex 275		4 0				•	Division of Wate	r Resource
y, State, ZIP Code	14c CRac	KEN KS	67557			Application			
LOCATE WELL'S AN "X" IN SECTION	LOCATION WITH 4 DON BOX:	EPTH OF COM th(s) Groundwate	PLETED WELL er Encountered 1.	3.C	ft. ELEVA ⁻	ΓΙΟΝ:	ft. 3.		
	CASING USED: 3 RMP (SR) 4 ABS in tellocological desired and the second and the	Pump ter Yield . 2 O Hole Diameter L WATER TO E Domestic 2 Irrigation a chemical/bacted 5 6 7	3 Feedlot 4 Industrial eriological sample s Wrought iron Asbestos-Cement Fiberglassft., Dia	was	ft. af ft. af ft., af	ter	hours pur hours	mping	Zgpmgpmft. below) ple was sub
	land surface2.0.		weight		1				
	OR PERFORATION MA			ÆP\			estos-ceme		
1 Steel	3 Stainless stee		Fiberglass		MP (SR)				
2 Brass	4 Galvanized st		Concrete tile	9 AE	38		ne used (ope	•	- 6-1-1
	DRATION OPENINGS A lot 3 Mill sic	•		d wrapped		8 Saw cut		11 None (ope	n noie)
1 Continuous s			6 Wire v	• •		9 Drilled holes10 Other (specify	۸		
2 Louvered shu CREEN-PERFORA			7 Torch						
	F	From	ft. to		ft., Fron		ft. to) <i>.</i>	ft.
	<u>_</u>	rom	ft. to		ft., Fron		ft. to		ft.
GROUT MATERIA			ement grout	3 Bent		Other			
	om		. ft., From	ft.		ft., From ock pens		. ft. to	
1 Septic tank	4 Lateral lin	es	7 Pit privy		11 Fuel s	torage	15 Oi	l well/Gas well	
2 Sewer lines			8 Sewage lagoon		12 Fertili:	zer storage	orage 16 Other (specify below		low)
3 Watertight se	wer lines 6 Seepage	pit	9 Feedyard		13 Insect	icide storage			
rection from well?	South				How mar	y feet? 150			
ROM TO	L	THOLOGIC LO	3	FROM	то		LITHOLOG	IC LOG	
0 10	10P 501	1							
0 30	brown o	ارمار							

30 42	Sand to f	ne Red	geor			:		•	
(1)								•	
12 46	shale_				1				
					<u> </u>				
	OR LANDOWNER'S	ERTIFICATION		_		nstructed, or (3) p d is true to the be			
mpleted on (mo/da ater Well Contracto	or's License No	276	This Water We		as completed of	n (molday/yr) . !			
Jer the business n	ame of んつきぬ 化 typewriter or ball point pen.	PLEASE DRESSE	IRMI Y and PRINT clear		by (signat	ure) 1 o live	answers Sen	d too three copies	to Kansas
Department of Health records.	and Environment, Bureau o	f Water Protection,	Topeka, Kansas 66620	7320, Telepho	one: 913-862-936). Send one to WATE	ER WELL OW	NER and retain or	ne for your