4 II 004 TIO	ALOF WATE	DIA/ELL.	- 1.			Y WELL RE	JUR	D Form			20-1212		hin Numh	205	Dan	ge Numb	10
_	N OF WATE					CIA!		C1A/		ion Num	INCI		hip Numb 40		ì		
County:	Ne Ne					SW				30		T	18	S	R	41	_ _ W
Distance and	direction from	m nearest	town or	city stre	eet add	ress of wel	I IT 10	cated with	in city?								
	WELL OWNE																
RR#, St. Add	iress, Box#	; P.O	, Box	: 8								Board of	f Agricultu	ıre, Divi	ision of W	ater Rese	ources
City, State, Z	IP Code	: Bazi	ine, K	is 675	516			VEN	I-2			Applicati	ion Numb	ег:			
LOCATE	WELL'S LOC	CATON WI	THI.	1					4.5								
AN "X" IN	SECTION B	OX:				OMPLETE											
	N		De	pth(s) G	roundv	vater Encol	ınter	ed 1			_ ft. 2			ft.	3		ft.
* [WATER LE											
	.1	!				test data:											
	NW	NE															
e w _	i I	İ	_ Esi	i. Yield		gpm:	e vve	ai water w	as		II. a			iliouis h	umping		. abın
2 W -	- i - -		E Bo	re Hole	Diamet	er ö.z		in. to	43) 	ⁿ .	and		In	1. t0 1. toicatia		π.
i I	i I		VVE	ELL WA	TER IC	er 8.2 DBE USEC 3 Feed	JAS:	: 5 Pub	lic water si	ирріу сирріу		8 Air co	onaliioning Stering	g 1	1 Injectio	m well Specify h	relow)
	sw	SE		1 1701	mesac	3 reeu	UL	O OII I	ieiu watei	supply			aternig		z Ouici (Opecity L	Clovin
1	v l			2 Imiç	gation	4 Indust	rial	7 Law	n and gard	len (don	nestic)	10 Mor	nitoring we	eli			
▼	ــــــــــــــــــــــــــــــــــــــ		Wa	as a che	mical/b	acteriologic	cal s	ample sub	mitted to (Departmo	ent? Ye	s	No X	If yes	, mo/day/	yr sample	e was
	S		sul	bmitted		_		-			Water	Well Disi	infected?	Yes		No X	
E TYPE OF	BLANK CAS	ZINIO LIGE		Jimeou		5 Wroug	sht le	OD.	8 Concr	ata tila							d
_							_						3 JOHATC				
1 Ste		3 RM	1P (SR))		6 Asbes	tos-(Cement	9 Other	(specify	below)				ied		
2 PV	C	4 AB				7 Fiberg							_		aded		
Blank casino	diameter	4	in	to	35	ft D	ia		in 1	io		ft Dia			in. to		ft.
Dialik Casilig	diameter _		"'	· ''o ^ ^ ~			- ·	2	074		- /G 1A/	all Abiologi				.237	
	ht above land					in., weight	· -		···	12.7.2. IDS	S./IL. VV						
TYPE OF SO	CREEN OR F								7	PVC) Asbesto				
1 Ste	el					5 Fiberg			8	RMP (S	SR)	11	Other (s	specify)			
2 Bra	SS	4 Ga	ilvanize	d steel		6 Conc	ete t	ile	9	ABS			None u				
SCREEN O	R PERFORA	TION OPE	NINGS	ARE:			5	Gauzed	wrapped			8 Saw c	ut		11 Non	e (open l	nole)
1	ntinuous slot			ll slot			6	Wire wr	apped			9 Drilled					
	vered shutter	г			ed			Torch c			1	0 Other	(specify))			
1	ERFORATED					35					ft Fro	m		fi	to		ft
SCREEN-FI	EKFORVIEL	INTERVA	LJ.	FIUIII _			. ". "				A 5	'''		"··	4-		' ^{1.}
											il. Flo	m		· IL.			IL.
GR/	AVEL PACK I	NTERVAL	S:	From _				0	40		ft. Fro	m		ft.	to		ft.
				From			ft. te	0			ft. Fro	m		ft.			ft.
6 GROUT	MATERIAL:	1 No	eat cem	nent	2	Cement or	out		3 Ber	ntonite	4	Other					
Crout Inton	als From	0		••	31	A Eros		31		to.	33	# E	rom		ft to		ft.
Grout milery	als Fluill	i	(l. l	 tominoti			" -		"".	10 1	ivoctor	k pens		14 Ab	andoned	water we	't.
i e	nearest source	e of possi										•					а
	otic tank			Lateral				Pit privy			Fuel sto	_			l well/ Ga		
ı	wer lines			Cess p				Sewage la	goon			r storage			her (spec		
∣ 3 Wa	tertight sewe	r lines	6	Seepa	ge pit		9 F	eedyard		13 I	nsectic	ide storag	ge	Co	ontami	nated s	site
Direction fro	m well?									How n	nany fe	et?					
FROM	TO	CODE			ITHOL	OGIC LOG			FROM	TO			PLUG	GING II	NTERVA	S	
0	.5		Conc	rete													
.5	14			ey silt	•												
14	35			ey silt		-,,											
35	39			sand		~~~			- Land		-						
39	45			ey silt													
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	ACTOR'S OR	LANDOW	NER'S	CERTIF	FICATION	ON: This w	rater	well was	(1) constru	<u>icted</u> , (2)	recons	structed, o	or (3) plug	ged un	der my ju	risdiction	and
was																	
completed of	on (mo/day/yr Contractor's I)			3=4	-04			and th	nis record	d is true	to the be	est of my	knowled	dge and b	elief. Ka	nsas
Water Well	Contractor's	License No).			554			This V	Vater We	ell Reco	ord was c	ompleted	on (mo	/day/yr)	4-16	-04
	usiness name			W	oofte	r Pump	anc	Well I	nc.		by (signatura)	~	melel	Draft	77
INSTR	UCTIONS: PI	ease fill in h	lanks ar	nd circle f	he com	ect answers	Ser	nd three co	pies to Kan	sas Depa	rtment o	f Health a	nd Environ	ment R	ure au of V	Vater, Ton	eka.
Kansas	66620-0001.	Telephone	913-29	26-5545.	Send o	ne to WATE	RW	ELL OWN	R and reta	in one for	your re	cords.				10	