-			WELL RECORE	Form W			
1 LOCATION OF V		Fraction	TATT T	NTAT	Section Number 31		
County.	ISS tion from nearest town	NW 1/4	NW 1/4	NW 1/4		<u>т 18 s</u>	R 23 ggw
Distance and direct	tion from nearest town 309 S JAMES	•		ocated Within (	aty?		
2 WATER WELL	OWNER: DE	AVID LAWREN	ICE				
RR#, St. Address,		09 S JAMES				Board of Agricult	ure, Division of Water Resources
City, State, ZIP Co		ESS CITY KS				Application Numb	
AN "X" IN SECT							ft. 3
5 TYPE OF BLAN 1 Steel x2x PVC Blank casing diame Casing height abov TYPE OF SCREEN 1 Steel 2 Brass	SE	WELL'S STATIC Pump Est. Yield	test data: Well gpm: Well ter 10 in D BE USED AS: 3 Feedlot 4 Industrial acteriological sam  5 Wrought iron 6 Asbestos-Cem 7 Fiberglass ft., Dia in., weight  5 Fiberglass 6 Concrete tile	water was water was to S Public 6 Oil fiel %7XLawn and pele submitted arent 9 Oil sent 9	ft. below land successive ft. 6	afface measured on mo/da after hour after hour and.  8 Air conditioning 9 Dewatering 10 Monitoring well 'es	ay/yr 9-1-99 s pumping gpm s pumping gpm in to ft.  11 Injection well 12 Other (Specify below)  s yes, mo/day/yr sample was sub s No xx Glued XX Clamped  Welded  Threaded.  in to ft.  ge No.  cement acify)
				• • •			11 None (open note)
1 Continuous				Vire wrapped		9 Drilled hotes	
2 Louvered s	•	y punchea	28 7 1	orch cut	48	10 Other (specify)	
SCREEN-PERFOR	ATED INTERVALS:	From	π. ι	io , , , , , ,	₹9 ft., Fro	om	ft. toft.
GRAVEL	PACK INTERVALS:	From	. 28 ft. f	to	.48 ft., Fro	m	ft. to
		From					ft. to ft.
6 GROUT MATER		ement 2	Cement grout	x St E	Bentonite 4	Other	
			ft., From				ft. toft.
	t source of possible o				10 Lives	stock pens	4 Abandoned water well
<ol> <li>Septic tank</li> </ol>			7 Pit privy		11 Fuel	-	IS Oil well/Gas well
2 Sewer lines 5 Cess pool			8 Sewage lagoon		12 Ferti	12 Fertilizer storage 16 Other (specify below)	
3 Watertight s	sewer lines 6 Seepa	ige pit	9 Feedyar	rd	13 Insec	cticide storage	
Direction from well'	?				How ma	iny feet?	
FROM TO		LITHOLOGIC L	.06	FRO	м то	PLUGGIN	NG INTERVALS
0 4	SURFACE C	LAY					
4 22	MED GRAY	CLAY					
22 28	FINE SAND	)					
28   35	MED SAND	_					
35 42	COLDALE S	HALE				<del></del>	
42 48	1						
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							under my jurisdiction and was
completed on (mo/d	lay/year) 9 <del></del>	1-99			and this reco	ord is true to the best of m	y knowledge and belief. Kansas
Water Well Contrac	tor's License No	444	This Wate	er Well Record	was completed	on (mo/day/yr)	1–99
under the business	name of ANDY	ANDERSON D	RILLING			ture) wall in	Aleson
INSTRUCTIONS: Us	e typewriter or ball point of	on. PLEASE PRESS FIR	MLY and PRINT clear	y. Ptease fill in bis	inks, underline or circle	the correct answers Send top t	hree conies to Kansas Department
of Health and Envin	onment, Bureau of Water, T	opeka, Kansas 65620-	0001. Telephone: 913-	296-5545. Send o	ne to WATER WELL O	WNER and retain one for your re	cords.