ounty: Wichita NW ¼ SW ¼ NW ¼ 10 T 18 S R 37 EW istance and direction from nearest town or city street address of well if located within city?  WATER WELL OWNER: Whitham Land & Cattle LP  R#, St. Address, Box # : 426 N. County Road 5  ity, State, ZIP Code : Leoti, Ks 67861  LOCATE WELL'S LOCATON WITH AN "X" IN SECTION BOX:  N Depth OF COMPLETED WELL  VELL'S STATIC WATER LEVFL  Pump test data: Well water was  The wind in the state of the state	LLOCATIO	N OF WATER	\\A/F11	·		ELL HECC	ORD For			82a-121	· · · · · · · · · · · · · · · · · · ·		T ====	
WATER WELL, OWNER:   Whitham Land & Cattle LP				Fraction		214/	NIVA/			mber			"	_
WATER WELL OWNER: Whitham Land & Cattle LP   R. St. Address. Box # 426 N. County Road 5   Road of Agriculture, Dicksin of Water Resources   R. St. Address. Box # 426 N. County Road 5   Application Number: 8671   Application Number: 867	·····								10	l	1 18	S	<u> </u>	31 HW
THE ST ANTHORS BOX # 426 N. COUNTY ROAD 5   State, ZP County Road 5   Application Number: 8671   Appli	DISIGNOC TING	unection non	Thearest town (	or city stre	et audres	S OF WEILE	iogated wi	umi City:						
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Was a chemical bacteriological sample submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes, moridaylyr sample was submitted to Department? Yes   No   X   If yes work work work was submitted to Department? Yes   No   X   If yes work work work work work was submitted to Department? Yes   No   X   If yes work work work work work work work work		- SW	SE	[]									z Omer (a	pecify below)
S	1 1	i								,				
TYPE OF BILANK CASING USED   5 Wrought Iron   8 Concrete tile   CASING JOINTS Glived X   Clamped	٠ L		1		nical/bacte	eriological	sample si	ibmitted to	Departn	nent? Y	es No X	if yes	, mo/day/yr	sample was
1   Steel   3   RMP (SR)   6   Asbestos Cement   9   Other (specify below)   Tunorded   Tunorded   1   Tunord				ubmitted						Wate	r Well Disinfected	d? Yes X		No
2   PVC	5 TYPE OF	BLANK CAS	NG USED:		5	Wrought	Iron	8 Conc	rete tile		CASING JOIN	TS: Glue	ed X	Clamped
2   PVC	_1_Stee	el	3 RMP (SF	R)	6	Asbesto	s-Cement	9 Othe	(specif	y below	)	Weld	ded	
Second   Company   Compa					7							Thre	aded	
casing height above land surface 24 in., weight 16.15 ibs./it. Wall thickness or gauge No. 500  YPE OF SCREEN OR PERFORATION MATERIAL:  1 Sizel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)  2 Brass 4 Galvanized steel 6 Concrete tile 9 ARS  1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes  2 Louvered shulter 4 Key punched 7 Terch cut 10 Other (specify)  2 CREEN-PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Drilled holes  2 Louvered shulter 4 Key punched 7 Terch cut 10 Other (specify)  CREEN-PERFORATED INTERVALS: From 163 ft. to 203 ft. From ft. to ft. From f	Blank casing	diameter	16 ii	n. to	163	ft. Dia		in.	to		ft. Dia		in. to	ft.
Steel   3 Stainless steel   5 Fiberglass   8 RMP (SR)   11 Other (specify)				24	in )	woight	1	6.15	ti.	hs/ft M	Vall thickness or	nauge No		.500
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized stoel 6 Concrete tile 0 ABS CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 2 Diffice to the Continuous slot 3 Mill slot 6 Wire wrapped 9 Diffied holes 2 Louvered shutter 4 Key punched 7 Forch cut 10 Other (specify) 3 CREEN-PERFORATED INTERVALS: From 163 ft. to 203 ft. From ft. to ft. Fr				MATERIA	''' ''' '   •	weigin		7	PVC.	03./II. V				
2 Parss						Fiberala	22	1		(SR)				
CREEN OR PERFORATION OPENINGS ARE: 5   Gauzed wrapped 2   Saw cut 11   None (open hole)										0117				
1 Continuous slot   3 Mill slot   6 Wire wrapped   2 Dulled holes   10 Olther (specify)					**					1	2.1	3 1	,	
2   Louvered shutter										I_				(-1,,
163   16. to   203   16. From   16. to   16.					ed							fy)		
From 1. to 203 ft. From ft. to ft. From ft. From ft. From ft.	SCREEN-PE	REORATED				<b>3</b> ft	to	203		ft Fre	nm	//ft	to	ft.
GRAVEL PACK INTERVALS:   From   20   ft. to   203   ft. From   ft. to   ft.	0011221112	0,0,0,0												
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1 Neat cement   2 Cement grout   3 Bentonite   4 Other	OH	WEET AOIL	TENVALO.											
Arout Intervals From 0 ft. to 20 ft. From ft. to ft. From ft. From ft. To ft. From ft. To ft. From ft. To ft. From ft. From ft. To ft. From ft.	6 ODOUT!	MATERIAL		T	0.0		. 10	0.0.		H. FI				
What is the nearest source of possible contamination:  1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oit well (Pas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below)  3 Waterright sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 15 Onne  How many feet?  FROM TO CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 2 Surface 2 2 3 Loess 23 32 Caliche w/clay strks 32 53 Caliche w/clay strks 32 53 Caliche w/clay strks 53 62 Caliche w/clay strks 62 80 Caliche w/clay strks 63 80 112 Caliche w/clay strks 112 123 Clay w/caliche strks 112 123 Clay w/caliche strks 112 123 Clay w/caliche strks 114 160 162 Fine to some med sd w/clay & Caliche lenses 162 180 Fine sd w/clay & caliche lenses 163 198 Fine & med sd w/clay strks 180 198 Fine & med sd w/clay lenses 198 210 Yellow ochre/black shale 7 CONTRACTORS OR LANDOWNER'S CERTIFICATION. This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/yr) 2-23-09 Water Well Contractor's License No. 7 8 7 Pit privy 11 Fuel storage 15 Oit well (Pas well a Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 16 Other (specify below) 17 Instruction well: 18 Pritilizer storage 16 Other (specify below) 18 PLUGGING INTERVALS 19 PLUGGING INTERVALS 19 PLUGGING INTERVALS 10 Other 19 PLUGGING INTERVALS 10 Other 10 Other 10 Other 10 Other 10 Other 11 Fuel storage 16 Other (specify below) 10 Other 11 Fuel storage 16 Other (specify below) 10 Other 11 Fuel storage 16 Other (specify below) 10 Other 11 Fuel storage 16 Other (specify below) 11 Intervals to red storage 16 Other (specify below) 11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below) 16 Other 17 Other 18 Other 18 Other 19 Other 18 Other 19 Other 10														
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Nater Well Contractor's License No. 783 This Water Well Record was completed on (mol/day/yr) 2-27-09  Under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Bureau of Water. 1000 S W							OF MAIL MAI							
under the business name of Woofter Pump & Well Inc. by (signature)  INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Bureau of Water. 1000 S W														
INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment Bureau of Water. 1000 S W							0 \A/~!! '		vvater V			eu an ma	HIAY (VI)	L 21-03
INSTRUCTIONS: Please till in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment-Bureau of Water, 1000 S W. Jackson St. Ste. 420. Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL DWNER and retain one for your records.	under the bu	isiness name	of	W	ootter	rump (	& well I	nc.		by	(signature)		sch.	tor 1000 C W
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