Note					H WELL RECORD	Form WWC-5					
JAMES AND STATE OF BLANK CASING USED 1. Sur High State and surface of the process of the surface	II LOCATIC	ፙፙጜኯ	FR WELL:				tion Number	Townsh	ip Number	Range Nu	mber
WATER WELL OWNER: L. D. D. PAILL TING CDD. THE Address Row # 1	County:						3	Т	21 S	<u>l R 11 </u>	E/W
MATER WELL OWNER: L.D. DRILLING CO.	Distance ar	nd direction		-		•					
Rey, State, ZIP COMPACTOR ON The Land State of Agriculture, Division of Water Resource Rey, State, ZIP COMPACTOR ON The Land State of Agriculture, Division of Water Resource Rey, State, ZIP COMPACTOR ON The Land State of Compact of	WATER	WELL OW			•	5					
Contract Depth Contract Con	-							Board	of Agriculture	Division of Water	Resources
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Desphiles Groundwater Encountered 1. 1. 1. 1. 1. 1. 1. 1											
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Pump test data: Well water was t. after hours pumping gord of the provided gord water was to the provided gord water was to the provided gord gord water was to the provided gord gord gord gord gord gord gord gor		<u>\</u>									
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Second S	₹ " [1		ELL WATER T	O BE USED AS:	5 Public water	r supply	8 Air condition	oning 11	Injection well	
2 Infigation 4 Industrial 7 Lawn and garden only 10 Monitoring well was a chemical bacteriological sample submitted to Department? Yes. No. "If yes, mo'dayry sample was su Water Well Disinfected? Yes. No. X Was a chemical bacteriological sample submitted to Department? Yes. No. X. If yes, mo'dayry sample was su Water Well Disinfected? Yes. No. X. Water Well Disinfected? Yes. No. X. Yes, mo'dayry sample was su Water Well Disinfected? Yes. No. X. If yes, mo'dayry sample was su Water Well Disinfected? Yes. No. X. Yes. Yes. No. X. Yes. No. X. Yes. Yes. No. X. Yes. No. X. Yes. No. X. Yes. Yes. Yes. No. X. Yes. Yes. Yes. Yes. Yes. No. X. Yes. Yes. Yes. No. X. Yes. Yes. Yes. Yes. Yes. Yes. Yes. Yes	7	<u> </u>	ı _x	1 Domestic	3 Feedlot	x6 Oil field wa	ter supply	9 Dewatering	12	Other (Specify b	elow)
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SCREEN-PERFORATED INTERVALS: From						, ,					
From			•				4 F				
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Grout Intervals: From Q ft. to 2D 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 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 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 10 NDNE DIRECTION TO LITHOLOGIC LOG FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 3 B2 CLAY 82 95 GRAVEL 2 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (%) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on (mo/day/year) 10 3.1-90 and this record is true to the best of my knowledge and belief. Kansa Water Well Contractor's License No. 462-B This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 This Water Well Record was completed on (mo/day/yr) 3.1-90 Water Well Record was completed on (mo/day/yr) 3									ft. 1	to	ft.
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of Health and Environment, bulled of Water, Topeka, Kansas 60020-7020. Telephone. 515-250-5545. Send one to WATER WELL OWNER and Telain one for Your records.	INSTRU	CTIONS: Use ty	pewriter or ball point pen	peka. Kansas 6662	FIRMLY and PRINT clearly. 0-7320. Telephone: 913-29	Please fill in blanks, 6-5545. Send one to	underline or circle	the concertant			partment