Surfer WELL OWNER RRF. SIL Address. Box # 32				WAT	ER WELL RECORD	Form WW	C-5 KSA 82a	1-1212	
NATER WELL OWNER: WATER WELL OWNER: RA A OF JETH K''S RA A STATE OF SECOND SON # 15 A FEEL AND SON # 15	4					I		Township Number	Range Number
WITER WELL OWNER: RR 9. M. Address, Box # 1/5 Andrew Kell RR 9. State, ZIP COOR RR 9. St	County:	MiPhe	r Sa w	Nw V	4 NW 1/4	1VW 1/4	30	T 2/ S	R 5 EW
MATER WELL OWNER R. S. Address Dow	Distance a								
RRP, State, ZPF Code Type OF BLANK CASING USED. Type OF	J					- /3	Arrow	Head Ka	
Application Number: Locate Wells LOCATION WITH JOEPTH OF COMPLETED Well. AN "X' IN SECTION BOX." WELL STATE AND GROUNDERS (Groundwater Encountered 1. 6. 16. below land surface measured on modayly " J " J " Pump test data: Well water was 1. 6. the low land surface measured on modayly " J " J " J " J " J " J " J " J " J "	_		•	Randy J	enkins				
LOCATE WELLS LOCATION WITH-4 DEPTH OF COMPLETED WELL 16 ft. below land surface measured on modayry wells with the complete of the purpose state. Well was the well well well with the purpose state. Well was the well well was the well was the theorem of the purpose state. Well was the well wa		-	x#: /	5 Arrowh	ead Kd			•	
Depth(s) Groundwater Encountered 1. 1. below land surface measured on modays 2. In the WELLS STATE WATER LEVEL 6. 1. below land surface measured on modays 2. In the WELLS STATE WATER LEVEL 6. 1. below land surface measured on modays 2. In the WELLS STATE WATER LEVEL 6. 1. below land surface measured on modays 2. In the WELLS STATE WATER LEVEL 6. 1. below land surface measured on modays 2. In the WELLS STATE WATER LEVEL 6. 1. below land surface measured on modays 2. In the WELLS WATER TO BE USED AS: 5 Public water was 5. 1. and 5. 2. In to 9. 4. In the WELL WATER TO BE USED AS: 5 Public water supply 9 Deveatering 11 Injection well 2 Impaids 4 Industrial 7. Lawn and gurden only 10 Monitoring well in the WELL WATER TO BE USED AS: 5 Public water supply 9 Deveatering 11 Injection well was a chemical-bacteriological samples submitted to Department? Yes 2. Well was a chemical-bacteriological samples submitted to Department? Yes 2. Well was a chemical-bacteriological samples submitted to Department? Yes 2. Well was a chemical-bacteriological samples submitted to Department? Yes 2. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. Well was a chemical-bacteriological samples submitted to Department? Yes 3. No. 1. September			: 	nman,	RS 67546	6			
WELLS STATE VARTER LEVEL. 6 1. below land surface measured on molays 2 property in the Well State of t	LOCATI	E WELL'S L IN SECTIO	OCATION WITH	_					
Donnestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below) I specific 1 Feedlot 1	- ×	NW	NE	WELL'S STATION Punt Est. Yield Bore Hole Diam	C WATER LEVEL	1.6 fi vater was vater was to 4.3	t. below land sur #// ft. a ft. a	rface measured on mo/day ifter 2 hours ifter hours and 5/2	pumping
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Vers.	-	i	1 i I	i .					
Was a chemical bacteriological sample submitted to Department? Ves. Water Well Disinfected? Yes \(\) No No Male Yes \(\) No Welded CASING JOINTS: Glued CASING JOINTS: Glued	-	- SW	SE	•					
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded Clamped Cl	1 1	!	!	1					
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Abbesto-Creent 9 Other (specify below) Welded 7 Piberglass Trreaded 1, to 1, t	<u>ł</u> L			1	/bacteriological samp	oie submitted to			
1 Steel 3 RMF (SR) 6 Abbestos-Cement 9 Other (specify below) Welded Threaded. 7 Fiberglass Trreaded. 1 A Bis 7 Fiberglass Treaded. 1 Steel 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMF (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMF (SR) 11 Other (specify). 3 Stainless steel 5 Fiberglass 8 RMF (SR) 11 Other (specify). 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS None used (open hole). 3 CONTRICTION MATERIAL: 7 PVC 10 Abbestos-cement 10 Other (specify). 3 Continuous slot 3 Mill slot 6 Wire wrapped 8 Saw cut Dene (open hole). 5 CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Dirilled holes. 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Dirilled holes. 2 Countries dhatter 4 Key punched 7 Torch cut 10 Other (specify). 5 CREEN-PERFORATED INTERVALS: From 1. 1. to 1. ft. From 1. to 0. ft. From 1. to	TVDE (DE DI ANK	CARING LISED:	Imited	E Wrought iron	9 Cor			
April PVC 4 ABS 7 Fiberglass Threaded. Jasing height above land surface 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in, weight 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 in No. 1.5 lbs.nt. Wall thickness or gauge No. 1.2 lbs.				:D)	•				•
Slank casing diameter				• • •				,	
Description				in to 4					
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 1 10ther (specify) None used (open hole) 9 ABS Cheen OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut Dene (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louwred shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From. 1 to 1 that is the nearest source of possible contamination: Despite tank 4 Lateral lines 7 Pit privy 3 Waterlight sewer lines 5 Seespage pit 9 Feedyard 10 LITHOLOGIC LOG FROM TO CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (moldayyyar) 1 The Water Well Contractor's License No Water Well Contractor's Li									
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2 Paras					E Eibergloop				
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1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 1t. to ft., From ft. to ft., From 1t. to ft. from 1t. to ft., From 1t. ft., From 1t. to ft., From 1t. ft., From 1t. ft., From 1t., ft., ft., ft., ft., ft., ft., ft., f									_
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft., From ft. to ft., From									Typine (open noie)
SCREEN-PERFORATED INTERVALS: From									
From ft. to ft., From				• •			# Fra	` ' ' '	
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO PLUGGING INTERVALS 0 1/4 F Sand 1/4 38 Reuky 8r x Gr C/ay 39 96 Shale CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was **Deconstructed**, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on (moi/day/year)	Grout Inte What is th	rvals: Fro ne nearest se eptic tank	m 3 ource of possible 4 Later	ft. to	3ft., From	. .3.8 f	ntonite 4 t. to. 4.3 10 Lives 11 Fuel	Other	ft. to
Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS D // F Sand // 38 Recky 8r / 6r C/ay 39 96 Shale CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on (mo/day/year) And this record is true to the best of my knowledge and belief. Kanse Water Well Contractor's License No. NSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department.				•	•	• •		•	Other (specify below)
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS D // F Sand // 38 Rocky 8r x 6r C/ay 39 76 Shale CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we completed on (mo/day/year)		-		age pit	9 Feedyard	1		•	
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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)					, LOG	FHOM	10	FLUGGIN	3 INTERVALS
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4-1-16 and this record is true to the best of my knowledge and belief. Kansa Nater Well Contractor's License No. 44.7 This Water Well Record was completed on (mo/day/yr) 4-10-16 by (signature) by (signature) by (signature) Final Strate Change		· .	F Sana						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 4-1-16 and this record is true to the best of my knowledge and belief. Kansa Nater Well Contractor's License No. 44.7 This Water Well Record was completed on (mo/day/yr) 4-10-16 by (signature) by (signature) by (signature) Final Strate Change			Rocky	orx on c	lay		+		
and this record is true to the best of my knowledge and belief. Kansa Nater Well Contractor's License No. 447. This Water Well Record was completed on (mo/day/yr) 4-10-96. INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department	38	76	shale						
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of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	INSTRU	CTIONS: Use ty	pewriter or ball point	pen. PLEASE PRESS	FIRMLY and PRINT clearly	. Please fill in blan	ks, underline or circle	e the correct answers. Send top th	ree copies to Kansas Department