		ELL RECORD	Coun MAAC-2	NOA 82a-	1212			
LOCATION OF WATER WELL:	Fraction			ion Number	Township I		Range Nur	nber
County: K, 'c €	SE 1/4 /	VE 14 NE	1/4	/	т 2	/ S	R 6	E <b>Ø</b> Ø
Distance and direction from nearest				•			······································	- Wy
	. ,					n		
1		1 of	HUTCH	14300	on	Plun	1	
WATER WELL OWNER:	George Sp							
RR#, St. Address, Box # :	425 Will.	dm			Board of	Aariculture. D	Division of Water	Resources
City, State, ZIP Code :	'.'1					n Number:		
1	Hutch Ks		12					
LOCATE WELL'S LOCATION WI AN "X" IN SECTION BOX:	TH4 DEPTH OF COME	PLETED WELL	.6.3	. ft. ELEVAT	10N:			
AN A IN SECTION BOX:	Depth(s) Groundwate	r Encountered 1.		ft. 2.		ft. 3.	· · · · · · · · · · · · · · · · · · ·	ft.
	WELL'S STATIC WA	TER   EVEL	5 ft he	low land surf	ace measured o	n mo/day/yr	1-19	ータフ
l i l i d	WEEE O OIM IO WA		Z	2	2		20	
NW NE -2		t data: Well water						
	Est. Yield #.O	gpm: Well water	rwas	ft. aft	er	. hours pur	mping	gpm
	Bore Hole Diameter							
* w <del>                                   </del>	t!							
<u> </u>	WELL WATER TO BI	E USED AS:	5 Public water	supply 8	3 Air conditionin	g 11 i	njection well	
	1 Domestic	3 Feedlot 6	6 Oil field wat	er supply 9	9 Dewatering	12 (	Other (Specify be	elow)
2k  2f	2 Irrigation	4 Industrial	Nawn and d	arden only 1	Observation w	ell		
1 1 ! 1 ! 1	1	4						
<u> </u>	Was a chemical/bacte	riological sample s	upmitted to De		•	•		e was sub-
<b>S</b>	mitted			Wate	er Well Disinfect	ed? Yes (	r No	
TYPE OF BLANK CASING USE	D: 5 V	Vrought iron	8 Concre	te tile	CASING JO	INTS: Glued	. X Clampe	d
1 Steel 3 RMP	_	Asbestos-Cement		specify below				]
	. ,		,	•	•		ed	
©PVC 4,ABS	7 F	iberglass				Threa	ded	
Blank casing diameter 6	in. to 5.3	. ft., Dia	in. to		ft., Dia	i	n. to	ft.
Casing height above land surface								
		<del>no</del> lylii						
TYPE OF SCREEN OR PERFORAT	TION MATERIAL:		<b>D</b> PV	;	10 As	bestos-ceme	nt	
1 Steel 3 Stain	less steel 5 F	iberglass	8 RM	P (SR)	11 Ot	her (specify)		
2 Brass 4 Gaiva		Concrete tile	9 ABS			ne used (ope		
					_		•	
SCREEN OR PERFORATION OPE	NINGS ARE:	5 Gauze	d wrapped		8 Saw cut		11 None (open	nole)
1 Continuous slot 3 Mill slot		6 Wire w	6 Wire wrapped		9 Drilled holes			
2 Louvered shutter 4	Key punched	7 Torch	cut		10 Other (speci	fv)		
	r Key punched	3 ft. to	12		to Other (speci	y)		
SCREEN-PERFORATED INTERVAL	_S: From	ft. to	بج جو	ft., From	1	ft. to	)	ft.
	From	ft. to		ft., From	1	ft. to	)	ft.
GRAVEL PACK INTERVA	LS: From <b>5</b> .0.	ft. to	66	ft From		ft to		4
GIVINE MANUAL MA	_		🏎 🗻					
	From	ft. to		ft., From		ft. to		ft.
GROUT MATERIAL: ONe	at cement 2 Ce	ement grout	3 Bentor	ite 4 C	Other			<i></i> !
Grout Intervals: From3	ft. to13	ft From	ft t					
		n., 110m						- 1
What is the nearest source of possil	ble contamination:			10 Livesto	ock pens	14 At	andoned water v	vell
1 Septic tank 4 Lateral lines		7 Pit privy		11 Fuel s	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				13 Insecticide storage		Creek		
•	oopaye pil	9 Feedyard			J			
Direction from well?				How man	y feet? 50			
FROM TO	LITHOLOGIC LOG		FROM	TO		LITHOLOGI	C LOG	
0 42 Sandy								
			<del>                                     </del>					
42 54 DX G	ray Clay							
54 63 Sand								
63 66 Shale	•							
by shall	<u> </u>		+					
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			t					
CONTRACTOR'S OR LANDOWS	NEDIS CEDTIEICATION	This water well	a Maria	lod (0) =====	otrusted s= /0\	olugeed :	or many liveled all all	004
CONTRACTOR'S OR LANDOWN								
								f. Kansas
Water Well Contractor's License No.	44.7	This Water We	ell Record was	completed or	n (mo/dav/vr)	6-15	-8-8	
INSTRUCTIONS: Use transporter or half	Viller Drilli	14		by (signatu	II / / / / / / / / / / / / / / / / / /	mill	æg .	
INSTRUCTIONS: Use typewriter or ball to	THE PRESENT THE PRESENT THE	MANA ADDITION	lu Dia mi	and a second of the	an aired of the		I A service .	1/
Department of Health and Environment	point pen. <i>PLEASE PRESS FIR</i>	MLY and PRINT clear	ly. Please fill in b	lanks, underline	or circle the correc	answers. Send	top three copies to	Kansas
Department of Health and Environment, records.	point pen. <i>PLEASE PRESS FIR</i>	RMLY and PRINT clear opeka, Kansas 66620-	ly. Please fill in b -7320, Telephone	lanks, underline e: 913-862-9360	or circle the correc	answers. Send ER WELL OWI	top three copies to	Kansas for your