Weight Section Secti	1 LOCATION OF WATER WELL: Fracti			Fraction				ection Number Townsl			Ra	Range Number		
TYPE OF BLANK CASING USED: Steel 3 RMP (SI) ABSI Steel POPPER CARTON WITH LAND WITH CONTROL OF BLANK CASING USED: Steel 3 RMP (SI) TYPE OF BLANK CASING USED: Steel 3 RMP (SI) Steel 3 RMP	County:	Kice		SE 14	SE 1/1 N	$) \in {}_{14}$	15	Т	2	S	R	9_	E/W	
Appleadon Number: Cooking Control Contr	Distance ar	nd direction	from nearest tov	vn or city street a	ddress of well if lo	ocated within city?						•		
Application Number: Cocate Well's Location Number:														
Application Number: Cocate Well's Location Number:	_		MNE	< Alde	n Compres	ior Station								
LICCATE WELL'S LOCATION 1			# Dinali	21	35 11 15	Kond					ivision of	Water R	esources	
AN "X" IN SECTION BOX: N					OMPLETED WEL	12	# ELEV							
WELL WATER TO BE USED & S Public water was the after thouse pumping germ Well water was the step of the water was the step of														
Pump teet data: Well water was it. after hours pumping gpm gpm well water was it. after hours pumping gpm gpm well water was it. after hours pumping gpm gpm well water was it. after hours pumping gpm	711 X 11		50X.											
Well-and the control of the control		1		Pun	np test data: We	II water was	ft.	after		hours p	umping		gpm	
Type OF BLANC CASING USED: 1 Domestic 3 Feedot 6 Oli field water supply 2 Dewatering 12 Other (Specify below)		-NW	- NE										gpm	
Was a chemical/bacteriological sample submitted to Department? Yes		1	1							•			w)	
TYPE OF BLANK CASING USED: 5 Wrought iron 6 Absestos-Cement 9 Other (specify) below) Welded Welded Welded Welded No. 1	w	1	— X E │	2 Irrigation	4 Industrial									
TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 6 Absestos-Cement 9 Other (specity below) 1 Steel 3 RMP (SR) 6 Absestos-Cement 9 Other (specity below) 2 PVC 4 ABS 7 In. to 7 It. Dia in. to 1 It.			i							_				
TYPE OF BLANK CASING USED: Steel 3 RMP (SR) 6 Asbestos-Cement 7 (Fiberglass 9 (Ther (specify below)) Threaded X		-sw -	- SE	Was a chemical	l/bacteriological sa	ample submitted to	Department?	Yes N	wX	; If yes, m	no/day/yrs	sample	was sub-	
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X		!	!	mitted			W	Vater Well [Disinfec	ted? Yes		No	•	
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded X	L	S									•	· · · · · · · · · · · · · · · · · · ·		
PVC									SING JO					
Stank casing diameter Stank casing diameter Stank casing height above land surface Stank casing height above la			`	₹)				,						
pasing height above land surface Some S				in to										
Type OF SCREEN OR PERFORATION MATERIAL: Type OF SCREEN OR PERFORATION MATERIAL: Steel 3 Istalleas Steel 6 Concrete tile 9 ABS 11 Other (Specify)	Casing hei	ght above la	and surface	30	in weight	Dia	111. 10	lhe /ft Wa	II., D	na ness or guad	e No. 5	ج آ <i>ہ</i>	40	
1 Steel 3 Stalnless Steel 6 Fiberglass 8 RMP (SR) 11 Other (Specify)	TYPE OF S	SCREEN OF	R PERFORATIO	N MATERIAL:	woight			100./11. ***						
CREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 9 Drilled holes 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 11 None (open hole) 1 Continuous slot 3 Mill slot 7 Torch cut 10 Other (specify)					5 Fiberglass	_								
1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) ft. screen from ft. to ft. from ft. ft. from ft. to ft. from ft. to ft. from ft. to ft. ft. from ft. ft	2 Bras	s	4 Galvaniz	ed Steel	6 Concrete tile	9 AI	3S		12 No	one used (op	en hole)			
2 Louvered shutter	SCREEN C	OR PERFOR	_								11 None	e (open h	nole)	
CREEN-PERFORATED INTERVALS: From						• • • • • • • • • • • • • • • • • • • •							ft	
GRAVEL PACK INTERVALS: From				•		. —			• •	• •				
GRAVEL PACK INTERVALS: From	SCREEN-F	ERFORATI	EDINTERVALS:			to	ft., From	n n	•••••	ft. to	•••••	•••••	ft.	
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	C	RAVEL PA	CK INTERVALS:	From		to	ft., From	n		ft. to			ft.	
Arout Intervals: From				From	ft.	to	ft., From	n		ft. to			ft.	
Arout Intervals: From	GROU	T MATERIA	J · 1 Neat	cement	2 Cement aro	ut 3 Ber	ntonite	4 Other						
What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 5 Cess pool 8 Sewage lagoon 1 Erefilizer storage 1 Gother (specify below) 1 Septic tank 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 1 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 12' Sand O 12' Sand Insecticular from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS			_		_									
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 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 12 Sand	What is the								• • • • • • • • • • • • • • • • • • • •					
2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 12 Sand	1 Septic tank 4 Lateral lines				7 Pit privy		•							
Direction from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 12' Sand I I I I I I I I I I I I I I I I I I I	2 Sewer lines 5 Cess pool				8 Se									
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 12' Sand O 10 PLUGGING INTERVALS	3 Watertight sewer lines 6 Seepage pit				9 Feedyard		13 Insecticide storage .							
O 12' Sand	Direction from	om well?			***		How ma	ny feet?						
	FROM				LOG	FROM	то		PL	UGGING IN	TERVALS	3		
	0	12		Sand										
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed, or (3) plurged under my jurisdiction and was														
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed. (2) reconstructed, or (3) plugged under my jurisdiction and was													3.5	
	CONTRA	ACTOR'S C	R LANDOWNE	R'S CERTIFICAT	ION: This water	well was (1) consti	ucted. (2) rec	onstructed.	or (3)	pluaged und	ler mv iur	isdiction	and was	
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)	ompleted o	n (mo/day/y	ear)1.Z	-14-05			and this re	ecord is true	to the l	pest of mylkn	g wledge a	and belie	f. Kansas	
ater Well Contractor's Licence No	Vater Well (Contractor's	Licence No	ب.۵۵	This	Water Well Record	was complete	ed on (mo/d	lay/yr) .		106			
oder the business name of Environmental Priority Service, Inc. by (signature)	ınder the bu	usiness nam	ne of Enviro	mmental Pr	ciorito En	via, Inc	by	(signature)	ソフ	HS M	+			
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 of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your	INSTRUCT	IONS: Use type	writer or ball point per	n. PLEASE PRESS FIL	RMLY and PRINT clear	y. Please fill in blanks, ur	derline or circle the	e correct answe	ers. Send	top three copies	to Kansas D	epartment	of Health	