1 LOCATE WELL OWNER Detance and direction from needed from or bity street accrees of well if located within city by the control of the contro	. WA	ATER WELL REC	ORD Form W	NC-5 KSA 8	2a-1212 ID I	No			
Distance and direction from needed town of thy steed aodress of well if located wight of by    WATER WELL OWNER   WATER WELL OW			(4.1 5/					Range	Number
Water Well Domeste 3 Report from 1 Secretary Value 1 Secretary 1 Secretary Value Val		1/4	SW 1/4 8	<u> </u>	35	TOS	<u>&gt; (6)  </u>	<u>R</u>	2 W)
2 WATER WELL OWNER SERVICES CORE SERVICES THE CONFILE TO WELL  AN 'X' IN SECTION BOX:  Pump lost data: Well water was the after hours pumping gome least view of gone was well as the confined of the confined to the confined	Distance and direction from neares t	town or city street	address of well if	located within ci		*n , )			
Beard of Agriculture, Division of Water Resources (Application Number:  3 LOCATE WELLS LOCATION WITH 41 DEPTH OF COMPLETED WELL  AN "X" IN SECTION BOX:  N	2 WATER WELL OWNER :-	ntarm	CV.	<u>ac</u>					
City, State, ZIP Code  I CATALON TO COMPLETED WELL  AN "X" IN SECTION BOX  Depth(g) Groundwater Encounteges  Losses State State  Depth(g) Groundwater Encounteges  Losses State State State  Depth(g) Groundwater Encounteges  Losses State Stat	- CJM'	~ WA	FSt.			Board of Ag	riculture, Div	vision of V	Nater Resource:
AN Y. IN SECTION BOX:    Depthie) Groundwater Encounteged   1. 2.		OCHO	a Ks 4	7056		•	•		
WELL STATIC WATER LEVEL   th. below land surface measured on molday/r	3 LOCATE WELL'S LOCATION WITH	4 DEPTH OF C	OMPLETED WEL	L	7. ft. ELEVA	TION:			
Pump lest data: Well water was ft. after hours pumping gpm well ft. and	AN "X" IN SECTION BOX:								1-12 ft.
Est. Yield				_					ب
Bore Note Dismoler in. to th. and the	T NW NE		•				-		
E WELL WATER TO BE USED AS: 5 Public water supply  Air conditioning  1 Injection well  2 Infrigation  A Industrial  Was a chamical/backindopical sample submitted  Was a chamical/backindopical sample submitted to Department? Ves. No. If yes, molday/ns sample was submitted  Was a chamical/backindopical sample submitted to Department? Ves. No. If yes, molday/ns sample was submitted  Was a chamical/backindopical sample submitted to Department? Ves. No. If yes, molday/ns sample was submitted  Was a chamical/backindopical sample submitted to Department? Ves. No. If yes, molday/ns sample was submitted  Was a chamical/backindopical sample submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns sample was submitted to Department? Ves. No. If yes, molday/ns su									
1 Domestic 3 Feedlot 2 Infigation 4 Industriel Deprestic (laws a garden) 10 Monitoring well  Was a characterisablacterisological sample submitted to Department? Yes. No. If yes, moldaylyrs sample was submitted with the control of t	₩ W   I   E								
Was a chemical/bacteriological sample submitted to Department? Yes									
STYPE OF SLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued. Glamped. 9 Other (specify below) Welded. 3 RIMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded. 3 RIMP (SR) 10 No. 1, t. Dia 1		2 Irrigation	4 Industrial	Dornestic (law	n & garden) 10	Monitoring well			
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Steleel 3 RMP (SR) 6 Aabestos-Cement 9 Other (specify below) Welded.  Priberglass Threaded.  Shink casing diameter 1. to .	Š	mitted			Water	Well Disinfected?	Yes >	<u> </u>	No
Blank casing diameter by the standard surface. In to the standard surface. In the standard surfa	<b>-</b>		-					~ /	•
Blank casing diameter		•			· ·				
Casing height above land surface. In., weight. Ibs./ft. Wall thickness or gauge No. In. Weight. Ibs./ft. Wall thickness or gauge No. In. Weight. Ibs./ft. Wall thickness or gauge No. In. Weight. Island Science of Post Personal Control of the Science of Control of Cont		/—							
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole) SCREEN OR PERFORATION OF RINNOS ARE: 5 Gauzed warpped 8 Saw cut 11 None (open hole) 1 Continuous stot 3 Mill slot 7 Torch cut 10 Other (specify) 11 Other (specify) 11 Other (specify) 11 Other (specify) 12 None used (open hole) 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 11 Other (specify) 12 Othe	<u> </u>			240	. to	ft Wall thickness o	or gauge No	160	X5/
1 Steel 3 Stainless steel 6 Concrete tile 9 ABS 11 Other (specity).  SCREEN OR PERFORATION CIPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 4 Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 4 Key punched 7 Torrich cut 11 None (open hole) 9 Drilled holes 1 Continuous slot 4 Key punched 7 Torrich cut 11 None (open hole) 9 Drilled holes 1 Saw cut 11 None (open hole) 9 Drilled holes 1 Continuous slot 4 Key punched 7 Torrich cut 1 To the (specity) ft. 1 None (specity) ft.			_						7
SCREEN OR PERFORATION TENINGS ARE: 1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch out 7 Torch out 9 Dilled holes 10 Dilled (specify) 1t.  SCREEN-PERFORATED INTERVALS: From. 1t. to	l .								
1 Continuous slot			6 Concrete tile	9 AB	3				
2 Louvered shutter SCREEN-PERFORATED INTERVALS: From								11 None	(open hole)
SCREEN-PERFORATED INTERVALS: From. 1. to 1. ft. From. 1. ft. ft. to 1. ft. From. 1. ft. to 1. ft. From. 1. ft. to 1. ft. Fro				• •	_		)		ft.
GHAVEL PACK INTERVALS: From			ft. to	<i>65</i> 5	ft., From		, ft. to.		ft.
From. ft. to ft., From ft. to ft., From ft. to ft. From ft. To		From	2 ft. to	·····	ft., From		ft. to.		ft.
6 GROUT MATERIAL:  1 Neat cement  Grout Intervals: From	GRAVEL PACK INTERVAL								
Grout Intervals: From	6 GROUT MATERIAL: 1 Neat of								
What is the nearest source of possible contamination:  1 Septic tank  4 Lateral lines  7 Pit privy  Sewer lines  5 Cess pool  8 Sewage lagoon  3 Natertight sewer lines & Seepage pit  Direction from well?  FROM TO  LITHOLOGIC LOG  FROM TO  LITHOLOGIC LOG  FROM TO  PLUGGING INTERVALS  To									
Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 9 Feedyard 13 Insecticide storage How many feet?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  3 AL CLASS OR LANDOWNER'S CERTURGATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and printing land or my large and belief. Kansas water Well Contractor's Licence No. This Water Well Record was completed on (mo/day/yr).  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRIESS FIRMLY and PRINT clearly. Reagantil in blanks, underline or circle the correct answeb. Send top three copies to Kensas Department of Health and Instruction of the correct answeb. Send top three copies to Kensas Department Health and Instruction or circle the correct answeb. Send top three copies to Kensas Department Health and Instruction or circle the correct answeb. Send top three copies to Kensas Department Health and Instruction or circle the correct answeb. Send top three copies to Kensas Department Health and Instruction.									
3 Watertight sewer lines & Seepage pit Direction from well?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  3 41 Class  4 Class  FROM TO PLUGGING INTERVALS  7 CONTRACTOR'S OR LANDQUNNER'S CERTURGATION: This water well wee (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)  and this record is true to the best of my knowledge and belief. Kansas water Well Contractor's Licence No.  This Water Well Record was completed on (mo/day/yr)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRIESS FIRM Yeard PRINT clearly. Reason fill in blanks, underline or circle the correct answeb. Send top three copies to Kansas Department of Health and Instruction.	1 Septic tank 4 Later	tic tank 4 Lateral lines 7 Pit privy		rivy	•				
Direction from well?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  3 41 Class  How many feet?  FROM TO PLUGGING INTERVALS  TO PLUGG	1 (/ ))	Sewer lines 5 Cess pool				12 Fertilizer storage		16 Other (specify below)	
FROM TO PLUGGING INTERVALS  3 41 Class 41 Class 42 Class 43 Class 44 Class 44 Class 45 Class 46 Class 46 Class 47 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)  and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No.  This Water Well Record was completed on (mo/day/yr)  under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Rease fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and	3 Vatertight sewer lines 6 Seepage pit		9 Feedyard						
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Water Well Contractor's Licence No	7 CONTRACTOR'S OR LANDOWNE	R'S CEBTIFICATI	ION: This water we	ll was (1) constri	ucted, (2) reco	nstructed, or (3) p	lugged unde	r my juris	diction and was
under the business name of by (signature) by (signa	1	MUJA					t of my know	ledge and	d belief. Kansas
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESSFIRMLY and PRINT clearly, Reason fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and	l .	حاب	This Water	Well Record wa	_	1 - 1	11/1/24		2.07
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