|  | · ·                               |   | R WELL RECORD  |   |  |                    |  | 1-71  | e                               |
|--|-----------------------------------|---|--|---|--|--------------------|--|---|---------------------------------|
| LOCATION OF WA   | ATER WELL:                        | Fraction SW 1/5   | SW SE  | 1/4   | Section Number  1  | Township<br>T 23   | Number<br>S  | 1 01  | Number                          |
|  | on from nearest town of           |   |  |   |  | 1 1 2              | 5  | I R   | E/W                             |
| The corner   | of Main St. &                     | crescen   | t Blvd.  |   |  |                    |  |   |                                 |
| WATER WELL O   | WNER:                             | Larry B   |  |   |  |                    |  |   |                                 |
| R#, St. Address, B   |                                   |   | ent Blvd.  |   |  | Board of           | of Agriculture,  | Division of Wa  | ater Resourc                    |
|  |                                   |   | ·  |   |  |                    | tion Number:   |   |                                 |
| TYPE OF BLANK  1 Steel 2 PVC lank casing diameter asing height above YPE OF SCREEN Of 1 Steel 2 Brass CREEN OR PERFO | CASING USED:  3 RMP (SR) 4 ABS or | DEPTH OF Coppth(s) Grounds ELL'S STATIC  N/A Pump t. Yield The Hole Diame ELL WATER T 1 Domestic 2 Irrigation as a chemical/tited  to . 0  MATERIAL: eel steel ARE: | 4 Industrial pacteriological sample  5 Wrought iron 6 Asbestos-Cement 7 Fiberglassft., Dia30 in., weight160  5 Fiberglass 6 Concrete tile 5 Gauz | er was 5 Public v 6 Oil field 7 Lawn ar submitted to 8 Co 9 Ott | it. below land su if. below land su if. ft. if. ft. if., if., if., if., if., if., if., if. | ATION: 12 2        | on mo/day/yr hours pu hours pu hours pu ing 11  well Well JOINTS: Glued Weld Three ss or gauge N Asbestos-ceme Other (specify) None used (op | Imping Injection well Other (Specif disposal, mo/day/yr sa No dXX Clar ed aded in. to o 2.2 | y below)  mple was su  XX  mped |
| 1 Continuous s   |                                   |   |  | ed wrapped<br>wrapped   |  | 9 Drilled hole     |  | 11 None (o  | pen noie)                       |
| 2 Louvered shu   |                                   |   | 7 Torch  |   |  | 10 Other (spe      |  |   |                                 |
| GROUT MATERIA<br>rout Intervals: From that is the nearest s  | AL: 1 Neat cem om. 0              | rent<br>to 10   | 2 Cement grout ft., From   | 3 Be  | ft., From the ft., From the ft. to   | Other              | ft. t  | o   | ter well                        |
| 1 Septic tank 4 Lateral lines  |                                   |   | 7 Pit privy  |   | 11 Fuel  | -                  | 15 Oil well/Gas well 16 Other (specify below)  |   |                                 |
| 2 Sewer lines  | 5 Cess poo                        |   | 8 Sewage lag   | oon   |  | lizer storage      |  | A martine age   | below)                          |
| rection from well?   | wer lines 6 Seepage               | e pit   | 9 Feedyard   |   |  | cticide storage    | None   |   |                                 |
| ROM TO   |                                   | LITHOLOGIC I  | IOG  | FROM  |  | any feet?          | LITHOLOG   | IC LOG  |                                 |
| 0 3  | Top soil and                      |   |  | 71.0  | , , , ,  |                    | Littlococ  |   |                                 |
| 3 15   | Medium sand                       |   |  |   |  |                    |  |   |                                 |
| 15 25  | Small grave                       |   |  |   |  |                    |  |   |                                 |
| 25 64  | gravel                            |   |  |   |  |                    |  |   |                                 |
| 64 65  | Shale                             |   |  |   |  |                    |  |   |                                 |
| -  |                                   |   |  |   |  |                    |  |   |                                 |
|  |                                   |   |  |   |  |                    |  |   |                                 |
|  |                                   |   |  |   |  | Note:              | Filed  | /ate  |                                 |
|  |                                   |   |  |   |  | 14076 1            | OK   | · d   |                                 |
|  |                                   |   |  |   |  |                    | <i>O</i>   | Dure  | 7                               |
| · · · · ·  |                                   |   |  |   |  |                    |  | ZANNO   | <i>-</i> /                      |
|  |                                   |   |  |   |  |                    |  |   | P/                              |
|  |                                   |   |  | -   |  |                    |  | <u> </u>  | /UMME!                          |
|  |                                   |   |  |   |  |                    |  | Mar 1   | 7,7782                          |
|  |                                   |   |  |   |  |                    |  |   |                                 |
|  |                                   | · · · ·   |  |   |  |                    |  | , , , , , , , , , , , , , , , , , , ,   |                                 |
| CONTRACTOR'S   | OR LANDOWNER'S                    | CERTIFICATION   | ON: This water well w  | as (1) cons   | structed, (2) rec  | onstructed, or (3  | B) plugged und   | der my jurisdio   | ction and wa                    |
| empleted on (mo/da   | y/year) 4/14/                     | <b>81</b>   |  |   | . and this reco  | ord is true to the | best of my kn  | owledge and   | belief. Kans                    |
| ater Well Contracto  | r's License No13                  | <b>34.</b>  |  |   |  |                    |  |   |                                 |
| der the business n   |                                   | rantz-Bem   |  |   |  | ature) Dis         | 16 Om  |   | MOCR                            |
|  | e typewriter or ball poin         | nt pen. PLEASI  | E PRESS FIRMLY an  | d PRINT de  |  |                    | ine or circle the  |   |                                 |
| 5 1 1 1 0 0 1 1 0 1 1 0 . OO   | s Department of Health            |   |  | <u> </u>  | July 1 lougo im  |                    |  | 0 0011001 01101   | iois. Senu t                    |