Correlat

	VATER WEL			ORU FOITH	1444C-5P	NOM 028-1212	ID NO.	
1 LOCATION County:	ON OF WATE Staff			n '14 SW 14	SW 1/4	Section Number 22	Township Number 24 S	Range Number 15 W
	nd direction	from nee		or city street addre		ocated within city?		
RR#, St. A	WELL OWNE	PO Box	Kinzie 464	st Broadway, Macksvill	e, KS		of Agriculture, Division	of Water Resources
City, State	ZIP Code	Macksv	ille, KS 67557	,		Applic	ation Number:	
3 MARK W	VELL'S LOCA ECTION BOX	TON WITH :	AN 4	DEPTH OF WELL	33.15			
X	N			WELL'S STATIC WAT	ER LEVEL	n.		
		NB	,	WELL WAS USED AS:				
				1 Domestic		illo Water Supply	9 Dewateri	
W			E	2 Irrigation 3 Feedlot		Field Water Supply m and Garden (domesti		Well
	- L	RR		4 Industrial		Conditioning		
		1				ubmitted to Department		No
<u></u>	<u> </u>	_i		r Well Disinfected:	Yes	No		
5 TYPE O	F BLANK CA							
1 Stee (2)PVC		3 RMP (S 4 ABC		Wrought Asbestos-Cament	7 Fiberglass 8 Concerts		pecify below)	
Blank ca	sing diamete:	2	in. W	res casing pulled?	/ed × N	lo tf yes, how m	uch removed	3 44.
				-36 h				
						entonite 4 Othe	¥	
							ft. From	
	•	•••						
	the nearest (	iource or p						
-			•	page pit	(11) Fuel storage 12 Fertilizer storage		16 Other (specify below)	
3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon			cticide etorage	***************************************	
4 Lateral lines			9 Feedyard			14 Abandoned water well		
5 Ce	es Pool		10 Live	stock pans	15 Of v	vell/ Gas well		
Direction fr	om well?	•••••		****	How many	test?		
FROM TO CODE PLUGGING MATERIALS								
0	33.15		<u> Bentoni</u>	te grout				
							!	RECEIVED
				, <u>, , , , , , , , , , , , , , , , , , </u>	····			0 0 2000
					- Matter		·	JAN 08 2009
				4			BUR	EAU OF WATE
7	ITDACTORY	CRIAN	PVNARIED!	R CERTIFICATION	This water w	ell was ningenad under :	my jurisdiction and was	completed
	mo/day/yr)	ON LAW		1/5/08			best of my knowledge	
-	er Well Con		icense No	s. <u> </u>	54	This Water Well	Record was complete	d on (mo/day/yr)
	11/1	7/08	un	der the business no		Bluestern	Environmental Engineering	
by	(signature)				Vin	ld4J	Jay C Word	<b>65</b>
INST	RUCTIONS	: Please	fill in bla	iks and circle the	correct answ	ers. Send three co	ies to Kansas Depar	tment of Health and
				DOS W Jackson S d retain one for yo		i opeka, Kansas 669	320-0001. Telephone	): /80-2 <del>96</del> -3585.