AL LOCATI	ON OF 14/4	CCD MCLL		TIEN I	VLLL	HECCHE	1 011	*****		02a-		- L	D	- Al.	
	ON OF WA	IER WELL:	Fraction					1	Section Nurr	ber	Township Nun		i '	ge Num	\sim
County:			NW	1/4	NE	1/4	NW	1/4	25		T 24	_ S	R	18	E(W)
Distance a	and direction	from nearest town	or city stree	et addr	ess of	well if loo	cated wit	thin cit	y?						_
Approxim	nately 22	Ft East and 1	10 Ft Sou	ith of	fInte	ersectio	on of F	irst	Street &	Mair	n, Lewis, KS	01	928023	MW	-11
		NED. Lewis Co	onerative	Fych	ange			•••							
Z WATER	R WELL OW	(T L) 1.	•	LACI	lange										1
RR#, St.	Address, Bo										Board of Agi	riculture, D	Division of	Water F	Resources
City. State	, ZIP Code	Lewis, K	S 67552								Application N	lumber:			I
		OCATION WITH 4	DEDTILO	- 00t	4D) CT	ED WELL	53	5.0	4 FI		TION Approvimet	e Surfac	e Fleva	tion:	2142
AN "X	IN SECTIO														
'''' /_		4 Do													
T .	ΙX	ı w	ELL'S STA	TIC W	ATER	LEVEL .	38.41	' <i>.</i> . f	t. below land	d surf	face measured on n	no/day/yr	07/2	25/92	
i I	ı										ter				
-	- NW	NE										-			_
	1										ter				
•	1	l l Bo	ore Hole Di	ameter	r 8	• 🤈 in.	. to	53.	.0	.ft., a	and	in.	to	.	ft.
* w -	1	i w	ELL WATE	R TO	BE US	SED AS:	5 P	ublic w	ater supply		8 Air conditioning	11 1	njection w	ell	
_	WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 1 Domestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify below)										om)				
	- SW	SE	_		_					_	_			•	
	1		2 Irrigati	on	4 1	Industrial	7 La	awn ar	id garden or	ily (I	Monitoring well .	,	• • • • • • • • •		
1 1	i i	w	as a chemi	cal/bac	teriolo	gical sam	ple subm	nitted to	Departmen	t? Ye	esNoX	; If yes,	mo/day/yr	sample	was sub-
I -			itted							Wat	ter Well Disinfected	Yes	N	o X	
5 TVDE (OF DI ANIC (14/			0.0-				•			
		CASING USED:				ght iron			ncrete tile		CASING JOIN				
1 Ste	eel	3 RMP (SR)		6	Asbes	stos-Cem	ent	9 Oth	ner (specify t	pelow	<i>(</i>)	Welde	ed		
(2) PV	/C	4 ABS		7	Fiber	glass			. . <i></i>			Threa	ded	X	
		in.	to 2	20 A		•		in	to		ft Dia	i	in to		#
Casing her	ight above is	and surfaceAp.p.r	юх•. э	in.	., weig	int		_		ibs./t	t. Wall thickness or	gauge No) Scilént	110.40	
TYPE OF	SCREEN O	R PERFORATION I	MATERIAL:	;				(7)	PVC		10 Asbes	stos-ceme	nt		
1 Ste	eel	3 Stainless s	teel	5	Fiber	alass		8	RMP (SR)		11 Other	(specify)			
2 Bra	366	4 Galvanized	steel		•	rete tile			ABS			used (ope			
				U	Conc									/ N	
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped											8 Saw cut		11 None	(open r	noie)
1 Co	ontinuous slo	ot (3)Mill:	lot 6 Wire wrapp				ped	ed 9 Drilled holes						1	
2 Lo	uvered shut	ter 4 Kev	punched			7 T	orch cut				10 Other (specify)				1
SCREENLE	DEDECIDAT	ED INTERVALS:		28.0)	ft t	10	53.	.0 4	Eron	n				
CONLENT	LIN ONA	LD INTERIVALO.													
											n <i></i>				
(GRAVEL PA	CK INTERVALS:	From	26.0	?	ft. t	o	53.	· O ft.,	Fron	n	ft. to	o		ft.
			From			ft. t	to		ft	Fron	n	ft. to)		ft.
e GPOUT	MATERIAL	.: (1) Neat cen	nont	2 /	Comor	nt grout		(2)P	entonite		Other				
						-									
Grout Inter	rvals: Fro	mft.	to 44 •	· V	ft.,	From	24.0	1	t. to20	.•.0.	ft., From		. ft. to .		ft.
What is th	e nearest so	ource of possible co	ntamination	1 :					10 L	.ivest	ock pens	14 At	pandoned	water w	/ell
	ptic tank	4 Lateral			7	Pit privy			11 F	واصا	storage	15 Oi	l well/Gas	well	
	• • •					11 Fuel storage			•						
	wer lines	5 Cess po						12 Fertilizer storage							
3 W	atertight sev	er lines 6 Seepag	e pit		9	Feedyar	ď						avation		
Direction f	rom well?	lest							How	mar	ny feet? Approxim	nately 1	10		Ì
FROM	то		LITHOLOG	SIC LO	G			FROM		\neg	PLU	GGING IN	NTERVALS	3	
	6.0	E111. Cando Ea								F	lush Mount Well	Head Co	omoletio	n as r)er
0.0	6.0	Fill: Sandy Fa													,,,,
6.0	15.5	Silty Fat Clay	, Olive,	BLOW	<u> </u>						etters dated 07	/1//92	& 08/05/	92 DY	
15.5	17.5	Sandy Fat Clay	, Tan							D	on Tayler.				
17.5	29.5	Fine Sand, Tan													
				Crew	Mr 14										
29.5	35.5	Medium to Coar:								-+-					
35.5	39.5	Medium to Very	Coarse S	Sand,	Tan,	White									
	 														
										+					
										\perp					
										_					
	1														
									1	+					
	ļ														
										\perp					
7 001		OD LANDOWNER'S	CEDTICIO	ATION	(, T hi			<i></i>	stancet of (C)	1	noterioted on (0)	aaa44	or my hart	dictio-	and was
		OR LANDOWNER'S	9 CEHTIFIC	AHUN	e: Inis	water we	m was () cons							
completed	on (mo/day	/year)									rd is true to the best			nd belief	r. Kansas
Water Wel	I Contractor	's License No	416			This Wate	er Well F	Record	was comple	ted c	on (mo/day/yr)	.8 - ZE	ITU,		
under the	business na	_{me of} Terracon	Consulta								// /	1 ×	inku	J	
			- 015405.00		AIV	DOINT -1-	du Diece-	601 (= 1-1				nd ton there		-	rtment
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, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL. OWNER and retain one for your records.												vour records		.July Depe	