COATION OF WATER WELL Fraction Coarty Coation				\4/A-T-	D WELL DECORD	Form MANAC	5 KGV 850	.1212			
COUNTRACTORS OR LANDOWNERS CERTIFICATION. This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was 10 constructed. (2) reconstructed or (3) plugged under my jurisdiction and was 10 country as 1 constructed to (2) season (4) country (4) constructed. (3) record (4) country (4) constructed. (3) record (4) country (4) constructed. (4) record (4) country (4) constructed. (5) reconstructed or (3) plugged under my jurisdiction and was 1 country (4) constructed. (5) reconstructed or (3) plugged under my jurisdiction and was 1 country (4) constructed. (5) reconstructed or (5) plugged under my jurisdiction and was 1 country (4) constructed. (6) reconstructed. (7) plugged under my jurisdiction and was 1 country (4) constructed. (7) plugged under my jurisdiction and was 1 country (4) constructed. (7) plugged under my jurisdiction and was 1 country (4) plugge	1 LOCATIO	N OF WAT	ER WELL:			Se		Township Nur	nber	Range N	umber
Dispance and direction from nearest town or city street address of well if located within city?				1/4	1/4 C N/	2 NE/4	5	т 29	S	R 7 V	₹ E/W
WATER WELL OWNER: WATER \$S. Address for \$\psi\$ in the \$\text{Ellis brilling}\$, Inc. Chy, State, 2IP Code \$\text{P}\$, 0, 80x IS86, Great Band, XS. 67530} Application Number \$\text{P}\$, 0, 80x IS86, Great Band, XS. 67530} LOCATE WELLS LOCATION MITHER AN "X" IN \$\text{SCTON BOX.} DEPTH OF COMPLETED WELL. 1. 1. ELEVATION: Depth(s) Glourdwater Encountered 1. 1. 2. 1. 3. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Distance and	d direction	rom nearest tov	wn or city street a	ddress of well if locate	d within city?					
BRF, St. Agdress, Box # White & Elila Drilling, Inc. (pp. State, ZP Code	4 S	of 54	& 14 Junct	ion, 1/8 W	, 2 S, 3/4 E,	S side					
BRF, St. Agdress, Box # White & Elila Drilling, Inc. (pp. State, ZP Code	2 WATER	WELL OW	NER:	WOODSON #	1						
Celly, States ZIP Code P. O., Box 1586, Great Band, KS 67530 Application Number: TV Description of the Control	RR#, St. Ac	ddress, Box	# : White	e & Ellis D	rilling, Inc.						
COATRACTORS ON.	City, State,	ZIP Code	P. O.	Box 1586,	Great Bend, K	S 67530		Application	Number:	101	36
Depth(s) Groundwater Encountered 1 1. 2 1. the low land surface measured on modayy set and the land of t	3 LOCATE	WELL'S LC	CATION WITH	4 DEPTH OF C	OMPLETED WELL		ft. ELEVA	TION:			
Pump test data: Well water was 1. t. after hours pumping gpm with water was 1. t. after hours pumping gpm with water was 1. t. after hours pumping gpm with water was 1. t. after hours pumping gpm with water was 1. t. after hours pumping gpm yell water author of the pumping gpm yell yell water author of the pumping gpm yell yell yell yell yell yell yell yel	- AN "X" IN	N SECTION N	BOX:								
Est, Yield grown Wall water was the farter hours pumping grown between the control of the contro	ī [ı	1	WELL'S STATIC	WATER LEVEL	ft.	below land sur	face measured on r	no/day/yı		
Est, Yield grown Wall water was the farter hours pumping grown between the control of the contro	1	1	1,	Pum	p test data: Well wate	er was	ft. a	fter	hours p	umping	gpm
Well WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 2 Demostration 3 Feeded: ②DOI Infed water supply 9 Demostering 12 Chher (Specify below) 2 Larigation 4 Industrial 7 Lawn and garden only 10 Observation well was a chemical bacteriological sample submitted to Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modalyry sample was suthing the submitted for Department? Yes. No. If yes, modaly yes, sample was suthing the submitted for Department? Yes. No. If yes, modaly yes, sample was suthing the submitted for Department? Yes. No. If yes, modaly yes, sample was suthing the submitted for Department? Yes. No. If yes, modal yes, sample was suthing the submitted for Department? Yes. No. If yes, modal yes, sample was suthing the submitted for Provided for Short		- NW	- 176 1								
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2 Infigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical bacteriological sample submitted to Department? Yes. No if yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes, modayry sample was sut Water Well Disinfected? Yes. No. If yes the Well Disinfected? Yes. No. If yes the Well Disinfected? Yes. If yes the Well Distinfected? Ye	ī L.	- sw	%	1 Domestic	3 Feedlot	60il field w	ater supply	9 Dewatering	12	Other (Specify	below)
TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete title CASING JOINTS: Glued (clamped		- 3\\	3	, -							
TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete title CASING JOINTS: Glued	↓ L	i	1	Was a chemical/	bacteriological sample :	submitted to I	Department? Ye	esNo	; If yes	s, mo/day/yr sam	iple was sub
1 Steel 3 RMP (SR) 6 Asbestos-Coment 9 Other (specify below) Wickded 2 PVC 4 ABS 7 Fiberglass Threaded. Slank casing diameter in. to ft., Dia ft., Dia in. to ft., Dia ft		Ş		mitted			Wa	ter Well Disinfected	? Yes	No	
2 PVC 4 ABS 7 Fiberglass Threaded. Blank casing diameter in, to ft, Dia in to ft, Dia in,	5 TYPE OF	BLANK C	ASING USED:		5 Wrought iron	8 Cond	rete tile	CASING JOIN	TS: Glue	ed Clamp	oed
Blank casing diameter in, to ft, Dia in, weight in, weig			•	R)		9 Other	(specify below	v)			
Casing height above land surfacein, weight			,		•						
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 1 Steel 2 Stass 12 None used (open hole) 2 Brass 12 None used (open hole) 5 CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louwered shutter 4 Key punched 7 Torch cut 10 Other (specify) 5 CREEN PERFORATED INTERVALS: From. 1t. to 10, ft. From 1t. to 1t. Thought will be several b	-	-									
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify). 2 Parss 4 Galvarized steel 6 Concrete tile 9 ARS 12 None used (open hole) SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 9 Saw cut 11 None (open hole) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Diriled holes 2 Louwred shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 1 to 1 to 1 th. From 1 th. To 1					.in., weight						
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1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)		-					38		• •		
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GRAVEL PACK INTERVALS: From ft. to ft. ft. o ft., From ft. to ft. From ft. to ft., From ft. to ft., From ft. to ft. From ft. to ft., From ft. to ft. GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From ft. to ft. From ft. to ft. What is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 1 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage ft. Other (specify below) Direction from well? FROM TO LITHOLOGIC LOG ft. from many feet? CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (morday/year) 12/16/82 and this record is true to the tost of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (morday/year) 12/16/82 and this record is true to the tost of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (morday/year) 12/16/82 and this record is true to the tost of my knowledge and belief. Kansas Water Well Contractor's License No This Water Well Record was completed on (morday/year) 12/16/82 12/16/84 12/16/84 12/16/84 12/16/84 12/16/84 12/16/84 12/16/84						• • •				11 None (ope	n nole)
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three copies to Kansas Department of Health and Environment, Division of Environment, Environmental Geology Section, Topeka, NS 66620. Send one to WATER WELL OWNER and retain one for your records.	INSTRUCTION	ONS: Use t	pewriter or ball	point pen, PLEAS	E PRESS FIRMLY an	d <i>PRINT</i> clea	rly. Please fill in	n blanks Landerline o	r circlet	Send one to 14	rs. Send top
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