	OM OF WAT		Fraction 56 1/4	K/W).	Na)	16 S	ection Number	Township N	~	Range Nu	7
			wn or city street	address of w			1	111 1/0	s	R /6	E/W
2 WATER	WELL OWN	ER: DA)	4 40	man	NIE	n	lashu,	11e, KS			
RR#, St. Ad City, State,	dress, Box # ZIP Code		102 W	Rou	1/en 61	112/2		Board of A Application		Division of Water	Resources
	WELL'S LOC	CATION WITH	4 DEPTH OF	COMPLETE	WELL	62		TION:			
w	NW	- NE	Py	mp test data gpm TO BE USE 3 Feed	: Well wa : Well wa D AS: 5 dlot 6	ter was ter was 5 Public wate 6 Oil field wat	ft. a ft. a r supply er supply	. 2	hours p hours p g 11 l 12 (oumping oumping njection well Other (Specify be	gpn gpn llow)
	SW S	- SE	Was a chemic mitted	al/bacterioloç	gical sampl	e submitted to		Yes No ater Well Disinfect		mo/day/yrs sampl	e was sub lo
1 Steel	TYPE OF BLANK CASING USED: 1 Steel 3 RMP (SR) 2 PVC 4 ABS			5 Wrought iron 6 Asbestos-Cement 7 Fiberglass		9 Othe	rete tile r (specify below	•	Welc	ed Clampe	
Blank casin		5		52	ft., Dia		in ,to	ft., Di	a	in. to	ft
TYPE OF SCREEN OR PERFORATION MATERIAL:					7 <u>PV</u> G			ess or guaç pestos-Cen			
1 Steel 3 Stainless Steel 2 Brass 4 Galvanized Steel				5 Fibergla6 Concret		8 RMP (SR) 9 ABS			ner (Specify ne used (op	/) pen hole)	
	R PERFORA	TION OPENIN	NGS ARE: fill slot			azed wrapped	I	8 Saw cut 9 Drilled holes		11 None (open	hole)
	ered shutter		ey punched	50		ch cut		10 Other (specif	,,		
SCREEN-P	ERFORATE	O INTERVALS:		2	ft. to	02	ft., From		ft. to)	ft
G	RAVEL PAC	K INTERVALS									
			From	•••••••••••••••••••••••••••••••••••••••	ft. to		ft., From		ft. to)	ft
_	MATERIAL	つ	t cement	_	nt grout			Other			
Grout Interv What is the			ft. to	ا π., السَّحَ	rom	ft.	to 10 Livest	ft., From		tt. to Abandoned water	
1 Sept		•	ral lines		7 Pit priv	v		•		Dil well/Gas well	weii
	2 Sewer lines 5 Cess pool			8 Sewage lagoon			11 Fuel storage12 Fertilizer storage		16 Other (specify below)		
3 Watertight sewer lines 6 Seepage pit			9 Feedyard				icide storage				
Direction fro	m well?	500	ith.		•		How man	y feet?	251		
FROM	то		LITHOLOGI	C LOG		FROM	ТО	PLI	JGGING IN	ITERVALS	
2	2,	soy		,				***************************************			
21	72	17.7.7	pana	t							
/3	21	Eine	Cray.				-				
26	73	Clea	" Oran	a							<u> </u>
33	36	Vell	DU Che	4.							
3/4	41	Fin	u Sand	,							. ,
41	58	Gle	in san	d							
58	62	Bro	wn C	ay.							
				0							100
											- :
7 CONTRA	CTOP'S OF	LANDOMAT	D'S CERTIFICA	TION, This							
completed or	n (mo/dav/ve	ar)	3-1-05	THON: THIS I	water well	was (1) const	and this red	nstructed, or (3) poord is true to the	olugged und 2 st of my br	uer my jurisaictio nowledge and beli	n and was
					. This Wate	er Well Becom	was completed	d on (mo/da / /yr /		705	on Nanoas
	siness name		man 5					signature)	1.	4	

INSTRUCTIONS: Use typewriter or ball pointpen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Yankas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well.