LOCATION OF WATER WE	WA				
	-	SE 1/4 NE	Section Number	Township Number	Range Number
County: 1719 77a Distance and direction from pe			Street address of well if k	T 50 S	R G EWA
J W	~ N #U	4 m 2			
2 WATER WELL OWNER:	Deimar	royan	• .	coperation in	
RR#, St. Address, Box # : City, State, ZIP Code	27 Kin	g man K	ancac 670	Application Number:	Division of Water Resource
1	-, , ,	Poro Holo Diameter	ST 3 W 3 U · ·	th and	in to
DEPTH OF COMPLETED \	WELLπ. 5 Public wate		_		
Well Water to be used as: 1 Domestic 3 Feedlot	6 Oil field wat		8 Air conditioning 9 Dewatering	11 Injection well 12 Other (Speci	
2 Irrigation 4 Industrial			10 Observation well	12 Other (Speci	iy below)
Well's static water level	_	, ,	•	oth /6	day . S. O year
Pump Test Data Est. Yield g	: Well water was	ft. after			
4 TYPE OF BLANK CASING		5 Wrought iron	8 Concrete tile		d Clamped
	RMP (SR)	6 Asbestos-Cement			ed Clamped
	ABS	7 Fiberglass			aded
Blank casing dia5	ADS = +	# Dia	in to	t Dia	in to
Casing height above land surfa		in weight	III. tO	II., Dia	958
TYPE OF SCREEN OR PERF	* ' /	m., weight	7 PVC	• •	
	Stainless steel	5 Eiberglass	8 RMP (SR)	10 Asbestos-ceme	
		5 Fiberglass 6 Concrete tile	9 ABS		yon holo)
	Galvanized steel			12 None used (or	
Screen or Perforation Opening		5 Gauzed	• •	9 Drilled holes	11 None (open hole)
1 Continuous slot	3 Mill slot	6 Wire wr	.,		
2 Louvered shutter	4 Key punched	7 Torch c		10 Other (specify)	
Screen-Perforation Dia	^	9 1	_		
Screen-Perforated Intervals:		ft. to			
Gravel Pack Intervals:		ft. to			
	From	ft. to	ft., From	ft. to	
	1 Neat cement	2 Cement grout	3 Bentonite 4 C	Other	
Grouted Intervals: From		ft., From	ft. to	ft., From	ft. to
What is the nearest source of	possible contamination:		10 Fuel st	torage 14 A	bandoned water well
1 Septic tank	4 Cess pool	7 Sewage lagoo	n 11 Fertiliz	er storage 15 C	il well/Gas well
2 Sewer lines	5 Seepage pit	8 Feed yard	12 Insection	cide storage 16 C	Other (specify below)
	6 Pit privy	9 Livestock pens	13 Watert	ight sewer lines	
3 Lateral lines					
					No
3 Lateral lines	Ho	ow many feet		Vell Disinfected? Yes	No
3 Lateral lines Direction from well Was a chemical/bacteriological was submitted	Holes submitted to D	ow many feet		? Yes	No
3 Lateral lines Direction from well	Hollsample submitted to Downward	ow many feet		? Yes(No
3 Lateral lines Direction from well Was a chemical/bacteriological was submitted If Yes: Pump Manufacturer's no	Holling I sample submitted to D month	ow many feet		? Yes(No
3 Lateral lines Direction from well. Was a chemical/bacteriological was submitted If Yes: Pump Manufacturer's na Depth of Pump Intake Type of pump: 1	Holl sample submitted to D month month ame	ow many feet		? Yes	No If yes, date sample Volts gal./min
3 Lateral lines Direction from well Was a chemical/bacteriological was submitted If Yes: Pump Manufacturer's no	Holl sample submitted to D month month ame	ow many feet		? Yes	No If yes, date sample Volts gal./min
3 Lateral lines Direction from well. Was a chemical/bacteriological was submitted If Yes: Pump Manufacturer's not Depth of Pump Intake Type of pump: CONTRACTOR'S OR LANG completed on	I sample submitted to D month mame Submersible DOWNER'S CERTIFICA	pw many feet pepartment? Yes day ft. 2 Turbine 3 ATION: This water well was month	No year: Pump Installed Model No	? Yes	No If yes, date sample Volts gal./min
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