Section Sect	GSI JOB	No. 20110	103	v	MATED W	VELL BECC	NPD Form	- MANA/C E	KCV	920 1	212 ID	No			M	W-11	
County Summer NW NW NW NW NW NW NW N	1 LOCATIO	ON OF WATE	R WELL:		VAIERV	VELL RECC	JKD FOIII							Ra	nge Numb	oer	ı
Distance and direction from nearest town or city street address of well if located within city? 2 WATER WELL OWNER: MCAllister Oil 3 WATER SI Address Sox 9 P. O. BOX 96 City, State, ZIP Code 4 Wellington, KS 67152 Board of Agriculture, Division of Water Resources Application Number: Wellington, KS 67152 Board of Agriculture, Division of Water Resources Application Number: Wellington, KS 67152 AN X IN SECTION BOX: VIELL STATIC WATER LEVEL 5.78 n. below TOC measured on modaylyr Depthol Glorundwater Encountered 1 8.31 n. 2 n. ft. 3 1 Section BOX: VIELL STATIC WATER LEVEL 5.78 n. below TOC measured on modaylyr Pump teed data: Well water was 1 t. after Nour pumping gpm Well water was 1 to meter Section BOX: VIELL STATIC WATER LEVEL 5.78 n. below TOC measured on modaylyr Pump teed data: Well water was 1 to meter Section BOX: VIELL WATER TO BE USED ASS 5 Public water supply 2 trigation 4 industrial 7 Lawn and garden (domestic) 10 Monitoring well Well-WELL WATER TO BE USED ASS 5 Public water supply 2 trigation 4 industrial 7 Lawn and garden (domestic) 10 Monitoring well Well-WELL WATER TO BE USED ASS 5 Public water supply 3 Development 11 injection well 1 Steel 3 SIMP (SR) 6 Asbestoc-Cement 9 Other (specify below) Welded Trive of Company 12 Other (specify below) Welded Trive of Company 12 Other (specify below) Welded Trive of Company 12 Other (specify below) From 8 ft. 10 Dia 10 A 1 Dia Abestoc-cement 9 Differ (specify below) Welded Trive of Company 12 Differ (specify below) Trive Of SCREEN OF PERFORATION MATERIAL 1 Steel 3 Sinviness seed 5 Fiberglass 6 Section 15 Differ (specify b	County:	Sur	nner	NW	1/4	NW ¼	NW	1/4	13		1	•			•		l
2] WATER WELL OWNER: MACHISTER OIL REMS. St. Address, or S. P. O. BOX 9 6 City, State, ZIP Code Wellington, KS 67152 COATE WELL'S LOCATON WITH	Distance and	d direction fro	m nearest t	town or city street		ss of well if											
RRE, SL Address, Box # P.O. BOX 96 Baard of Apriculture, Division of Water Resources City, State, 2pr Cover Well-ington, KS 67152 Application Number: A DEPTH OF COMPLETED WELL A N.Y. IN SECTION BOX. Depths Groundwater Encountered A N.Y. IN SECTION BOX. Pump lest data: Well water was the below TOC measured on moldaylyr pumping gpm. Pum yell water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the below TOC measured on moldaylyr gpm. Well water was the property of the property gpm. To the gpm. To th																	
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NSECHOMBOX Section Box S	LOCATE	WELL'S LOC	CATON WI	ГН													
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Bore Hole Diameter 8.25 in to 15 ft. and in to 15 WELL WATER TO BE LISEE TO S 5 Public water supply 8 Air conditioning 11 Injection well 11 Domestic 3 Feed tot 6 Oil field water supply 9 Deweltering 12 Other (Specify below) 12 Circle (Specify below) 12 Circle (Specify below) 13 Domestic 3 Feed tot 6 Oil field water supply 9 Deweltering 12 Other (Specify below) 15 Domestic 3 Feed tot 6 Oil field water supply 9 Deweltering 12 Other (Specify below) 15 Domestic 3 Feed tot 6 Oil field water supply 16 Domestic 3 Domes	<u> </u>	i	. i l	_]	Pump te	st data: V	Vell water v	vas		1	ft. after		hours	pumping		gpm	Š
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau of Water, 1000 S W Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	under the bu	usiness name	of	Geotecl	hnical			by	(signa	ature)	Jul	بهم ز	Iw	<u>~</u>			
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