Summer Su	LOCATION OF WATER WELL:	Continu				
Reserved from the measured town or only strong address of well all located within city? E. Huy / I/O No. The Color of Agriculture, Division of Water Resource No. State, 2P Code No. S	willy. Dumnor			tion Number	2%	· ·
WATER WELL CWINER Re St. Address Box # E. St. W. Loc Board of Agriculture, Division of Water Resource Re St. Address Box # E. St.	historian from marrest town				1 22 S	I H (E/W)
Res. St. Address. Box # 12	E. I	Hwy 160	ell if located within city?			
NS. Sites, 2P Code Well's STATIC WATER LEVEL NS. THE SECTION BOX: Depth(a) Groundwater Encountered 1	WATER WELL OWNER: LES	Jacobs Moto	ors, Inc.			
LICATE WELLS LOCATION WITH AN "X" IN SECTION BOX. Depth(s) Groundwater Encountered 1		1	•		Board of Agriculture,	
Depthis Groundwater Encountered 1. ft. 2. ft. 3. ft. 1. ft. 2. ft. 3. ft. 3. ft. 4. ft. 2. ft. 3. ft. 4. ft. 5. ft. 3. ft. 4. ft. 5. ft	City, State, ZIP Code : Well (ington, KS 6	1152		Application Number:	88
WELLS STATIC WATER LEVEL. WELL STATIC WATER LEVEL. Well will will will will water was the after hours pumping gp Bore Hole Dismeter. Well water was the after hours pumping gp Bore Hole Dismeter. Well Water To Be USED AS: 5 Public water supply 8 Ar conditioning 11 Injection well 2 Infgation 4 Industrial 7 Lawn and garden only 10 Monitoring well. TYPE OF BLANK CASING USED. 5 Wought Iron 8 Concrete lile CASING JOINTS Glued X No mitted Water Wat	AN X IN SECTION BOX					
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Best Hole Diameter in to 10 to						
Bore hole Diameter in. to ft., and in. to with Land Comment of the Comment of th					-	-
Well WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 2 Impation with 12 Domestic 3 Feedbell 6 Oil field water supply 9 Dewatering 20 Their (Spearly below) 2 Impation 4 Industrial 7 Lawn and garden only 10 Monitoring well 1 A+AB. 9. 4035 h. 5047 S. 11 yes. moldayly sample was a window was a chemical/bacteriological sample submitted to Department? Yes No					·	
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2 Irrigation 4 Industrial 7 Lawn and garden only 10 Monitoring well Lawn. 9 La						•
Was a chemical/bacteriological sample submitted to Department? Yes. No. Higher Well Disinfected? Yes X No mitted Miles of the Well Disinfected? Yes X No TYPE OF BLANK CASING USED. 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Wolded Threaded. 3 PVC 4 ABS 1 Threaded. 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Wolded Threaded. 1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Wolded Threaded. 1 Steel 3 RMP (SR) 1 Fiberglass 1. Dis In. to In. Dis In. Dis In. Threaded. 1 Steel 2 Brass 4 Galvanized steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 11 None (cpen hole) 9 ABS 12 None used (cpen hole) 9 Dillied holes 1 Continuous slot 4 Swill support 9 Dillied holes 1 Dillier (specify) 11 None (cpen hole) 9 Dillied holes 1 Dillier (specify) 11 None (cpen hole) 1 Dillier (specify) 11	SW SE					
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That is the nearest source of possible contamination: 1 Septic tank 4 Lateral lines 7 Pit privy 11 Full 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 How many feet? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and water well contractor's License No. This Water Well Record was completed on (mo/day/year)	ADAUT 1117	. 7.			201	
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irection from well? FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS O 20 57 Share CONTRACTOR'S OR LANDOWNER'S CEBTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and we impleted on (mo/day/year) 9 3 4 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	Frout Intervals: From \mathcal{O} ft What is the nearest source of possible of 1 Septic tank 4 Lateral	t. to . 20 ft., F contamination: I lines 7 P	rom ft.	to	k pens 14 A rage 15 C	ft. toft. bandoned water well well/Gas well other (specify below)
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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	CONTRACTOR'S OR LANDOWNER'S ompleted on (mo/day/year)	s CERTIFICATION: This was	rom ft. Pit privy Sewage lagoon FROM FROM atter well was (1) constru is Water Well Record wa	to	ructed, or (3) plugged units true to the best of my kn (mo/day/yr)	tt. to