Section Number Township No. Range Number Township No. Township No. Range Number Township No. To		ER WELL I			WWC-5		Division of Wate	r Resources App. No) was produced by the same of	
StreetRurel Address of Well Loostion: If an Number address, once it from nearest town or intersection. If at owner's address, short and the street of the from nearest town or intersection. If at owner's address, short and the street of the	Cor	unty: $S+\epsilon$	evens	Fraction	S V SW	Sec	tion Number	Township No.	Range Number	
Latitude:	Stre	eet/Rural Addre	ss of Well Location:	if unknown distance	le direction	CYX		System (CDS)	R.37 DE DW	
Congritude Con	1101	n nearest town	or intersection: If at	owner's address che	ck hare		itude:	System (Gra) in	Iornation:	
Section with the control of the co	from County Koods 10\$5 - 1/2 mile east					LOI	Longitude: (in decimal degrees)			
RRR, Street Address, Box 8:		energy and the second s	•			Ele	vation:	***************		
City, State, ZIP Code CodaTE NELL Code Code	2 W/	ATER WELL	OWNER: Stew	a Davis	MARIANIAN CONTRACTOR C	- Dat	um: U WGS 84	. □ NAD 83, □	NAD 27	
Dogard Map Plents Dogard Map Plents Dogard Name Land Survey	RR#, Street Address, Box #: 923 Rd. P						Conection Method:			
SLOCATE WELL WITH AN X'IN SECTION BOX: N Depth(s) Groundwater Encountered 11 11 12 13 13 13 13 13	CIŢ	y, State, ZIP Co	ode : Hees	otoniks a	24.17		Digital Map/Pho	oto, 🔲 Topographic	Map, Land Survey	
Section BOX: Depth(s) Groundwater Encountered 11 ft. (2) ft. (3)	3 LOC	CATE WELL	The second secon	needit tot varangementeet om mystys stadistic total for meet sastanasistation is a	THE COLUMN SPECIAL PROPERTY OF THE STATE OF			3 m, 3-5 m, 3	5-15 m, $\square > 15$ m	
WELL'S STATIC WATER LEVEL			4 DEPTH OF	COMPLETED WEI	LLá	49	ft.			
WOLL STATIC WATER LEVEL 2004 .	SEC									
No. NE Bot State Spin. Well water was. I. after. hours pumping. gpm Sww. SE. Domestic Feedlot Differed water supply Geothermal Incition well Irrigation Domestic Feedlot Differed water supply Dewatering Other (Specify below) Dewatering Other (Specify below) Iryes, mod dayly sample was submitted to Department? Yes No If yes, mod dayly sample was submitted to Department? Yes No If yes, mod dayly sample was submitted to Department? Yes No If yes, mod dayly sample was submitted to Department? Yes No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted Domestic No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted No No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted Domestic No No If yes, mod dayly sample was submitted Domestic No If yes, mod dayly sample was submitted Domestic No If yes, mod dayly sample was submitted Domestic No If yes, mod dayly sample was submitted Domestic No If yes, mod dayly sample No If yes, was submitted No If yes, was submit	par canamana	Assessing confrances and an experience of the confrance o	MCFF 221VII	IC WATER LEVEL.		ft. below	/ land surface m	leasured on molda	v/vr	
Bore Flote Diameter			EST. YIELD	orm Well wat	er was		it. after	hours pump	inggpm	
WELL WATER TO BE USED AS: Public water supply Dewatering Other (Specify below)	W NE - NE - Bore Hole Diameter									
Summer Domestic	At helich war report pe	CONTRACTOR OF THE PERSON OF TH	WELL WATER	TO BE USED AS: [Dublic w	ater supp	oly 🔲 Geo	thermal [] In	jection well	
Was a chemical/bacteriological sample submitted to Department? Yes No If yes, moldaylyn sample was submitted. Water well disinfected? Yes No	SW. SE. Domestic Feedlot Oil field water supply Dewatering Other (Specify below)									
S				☐ Industrial ☐	Domestic-la	awn & g	arden [] Mor	nitoring well	Livestock	
TYPE OF CASING USED:	was a chemical/bacteriological sample submitted to Department? Yes No									
TYPE OF CASING USED: Steel PVC Other ASING JONTS: Glued Clamped Welded Threaded Casing diameter in. to ft. From ft. ft. from ft. ft. ft. ft. ft. ft. ft. ft. ft.	****	-	Water well disin	fected? 🕅 Yes . 🗀	No					
Casing diameter in. to ft. Diameter in. to ft. Diameter in. to ft. Casing height above lead surface in. Weight bls./ft. Wall thickness or gauge No. FYPE OF SCREEN OR PERFORATION MATERIAL: Steel Stainless Steel PVC Other (Specify) Brass Galvamized Steel None used (open hole) CREEN OR PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauge wrapped Saw cut Other (specify) CREEN.PERFORATION OPENINGS ARE: Continuous slot Mill slot Gauge wrapped Saw cut Other (specify) CREEN.PERFORATED INTERVALS: From ft. to ft. From ft. ft. ft. ft. ft. ft. ft. ft. ft.	TVP	FOFCASING	1			e to the state of	and the state of t	THE PERSON OF TH		
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Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes Norus (open hole)	TYPE OF SCREEN OR PERFORATION MATERIAL:									
Continuous slot Mill slot Gauze wrapped Torch cut Drilled holes Norus (open hole)	Brass Galvanized Steel None used foren hole)									
Louvered shutter Key punched Wire wrapped Saw cut Other (specify)	SURECH OR FERFORATION OF ENINGS ARE:									
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That is the nearest source of possible contamination: Septic tank										
Septic tank					1	. it. to		rom	t, to	
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Distance from well ROM TO LITHOLOGIC LOG FROM TO LITHOLOG (cont.) or PLUGGING INTERVALS 210 /50 Grove Pack Campeted Fill Cament Plug CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, constructed, or Blugged and any purisdiction and was completed on (mo/day/year) / 2 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4 / 4		Sewer lines	Cesspool	Sewage lagoon						
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CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was constructed, reconstructed, or plugged in my jurisdiction and was completed on (mo/day/year) mand this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) mand this record is true to the best of my knowledge and belief. This Water Well Record was completed on (mo/day/year) mand the sum of the su						CONTRACTOR			GING INTERVALS	
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der the business name of by (signature) by (signatu	nder my	y jurisdiction an	id was completed on	(mo/day/year) 12:	25 -74 ai	nd this re	ecord is true to t	the best of my kno	wiedge and belief.	
STRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks and check the correct answers. Send one copy to Kansas Department of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto, Kansas Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto, Kansas Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto, Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto, Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto, Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto, Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto Market Control of Health and Environment, Bureau of Water Geology Section, 1000 SW, Jackson St., Suite 220. Toronto Market Control of Health and Environment, Inc., Suite 2001 St., Su	ansas V ider the	vater Well Con	iractor's License No.	This V	yater Well R	ecord w	as completed of	n (mo/day/year)	19:30:19	
Kansas Department of Health and Environment, Bureau of Water Geology Section, 1000 SW Jackson St. Suite 420, Toroka Vangas 66612, 1267	STRUC	TIONS: Use type	ewriter or ball point pen.	PLEASE PRESS FIRMLY	and PRINT of	early Ple	see fill in blanks and	d check the correct one	ware Candona convita	
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