Country: MO TON OF Notes and the service address of well if located within city of the country o	WATE	R WELL RE	CORD		m WWC-	5	Division	of Wate	r Resources; App	<sub>p. No.</sub> L	
Latitude:   Str.   Converted	Cou	nty: MOVTZ	m as	NC 1/4	NC1/4 N	C1/4	18		T 33 S		
2 WATER WELL OWNER: Clavage Under the City, State, 21P Code  City, State, 21P Code  Control of State, 12P Code	Dist	ance and direction		n or city street a	ddress of we		lobal Posit	tioning 27c	Systems (decir		ees, min. of 4 digits)
2 WATER WELL OWNER: Obvious that state Cass RRS, St. Address, Box # City, State, ZIP Code  3 DOCATE WELLS  4 DEPTH OF COMPLETED WILL  5 DOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL'S STATIC WATER LEVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL WATER LOVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. WELL WATER LOVEL (al. 2 a. below and surface measured on molety year. — 1. d. ft. Water well disinfected? Yes. — 1. d. ft. Water well disinfected? Yes. — No. — 1. I'yes, mo'day'yrs Sample was submitted. To Domestic (lawn & garden) (al. Water well disinfected? Yes. — No. — 1. I'yes, mo'day'yrs Sample was submitted. — 1. d. ft. Diameter well water well disinfected? Yes. — No. — 1. I'yes, mo'day'yrs Sample was submitted. — 1. d. ft. Diameter. — 1. d. ft. Diame	ioca	ted within city	SMI NIN	of Fil	hart	_   1	Latitude:	$\frac{300}{2}$	0 33		
3 LOCATE WELL'S   DEPTH OF COMPLETED WELL   STATIC WATER LEVEL (st. 1.20	2 WA	TER WELL O	WNER:	ماماره هلمراماه	1 10V 1	7/0 1		106	4000	VV	
3 LOCATE WELL'S   DEPTH OF COMPLETED WELL   STATIC WATER LEVEL (st. 1.20	RR	#, St. Address, B	ox # : 2007	Porione	Plaute	1000		J	P 301 (7)	2" E	<b>.</b>
3 LOCATION NOTITION ON THE AT STATE AND ADDRESS AND AD	City	, State, ZIP Cod	e : n	ada Sariu	m< 10	<i>λ∕ΥΠ</i> Υ ΙΙ	Data Colle	ection I	Method: 1/ .t		
WITH AN "A" IN SECTION BOX:  WELL'S STATIC WATER LEVEL. (a). "A." f., below land surface measured on modalyy." 1:11-05.  Pump test data: Well water was. fl. after. hours pumping. gpm Est. Yield. gpm: Well water was. fl. after. hours pumping. gpm Est. Yield. gpm: Well water was. fl. after. hours pumping. gpm UNITH AN "A" IN Early Indicated the State of th	3 LO	CATE WELL'S	4 DEPTH OF	COMPLETED	WELL	65.	45	ft.	11117		
Pump test data: Well water was									1 44 -		
Pump test data: Well water was			Depth(s) Groun	dwater Encounte	(1)	01:76	ft. (2	2)	ft.	(3)	ft.
Est. Yield. gpm: Well water was fa after hours pumping. gpm well water was fasher hours pumping. gpm well gpm well gpm was all fasher hours pumping. gpm well gpm was fasher hours pumping. gpm well gpm well gpm was fasher hours pumping. gpm well gpm was fasher hours pumping. gpm well gpm well gpm was fasher hours pumping. gpm well gpm was fasher hours pumping. gpm well gpm well gpm was fasher hours pumping. gpm was fasher hours pumping. gpm was fasher pumping. gpm was fasher hours pumping. gpm was fasher h	SEC		WELL'S STAT	IC WATER LEV	VEL. <b>(@).:.4</b> .4	<b>₽</b> ft. b	elow land:	surface	hours pur	no/day/	yr(.::(:TQO.
WELL WATER TO BE USED AS: 5 Public water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic 3 Feedlot 6 oil field water supply 9 Dewatering 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 0 Donitoring well 12 Other (Specify below) 5 Sample was submitted		··· <del>·</del>									
Domestic   Specify below    Domestic   Specify   Domestic   Domestic   Specify   Domestic   Dom	,,	<u>'</u> ',   <u>'</u> ', /									
Was a chemical/bacteriological sample submitted to Department? Yes			·								er (Specify below)
Sample was submitted			2 Irrigation	4 Industrial	7 Domestic	c (lawn &	garden) (1	0 Mon	itoring well	••••	
Sample was submitted	S	SW SE    Was a shaminal/hastorial spical sample submitted to Department V. V.									
S TYPE OF CASING USED: 5 Wrought Iron 8 Concrete tile CASING JOINTS: Glued			Sample was sub	mitted	sample suom	Water	well disinf	ected?	Yes No	Jo	ii yes, iiio/day/yis
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)   Welded   Threaded   Threa											
Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below)   Welded   Threaded   Threa	5 TYP	E OF CASING	USED: 5 Wi	ought Iron	8 Conci	ete tile		CASINO	G JOINTS: GI	ued	Clamped
Threaded ## Thread											
Casing height above land surface	2PVC 4 ABS 1 7 Fiberglass Threaded 4 Thread										
TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 Stainless Steel 6 Fiberglass PVC 9 ABS 11 Other (Specify)	Blank casing diameter in. to ft., Diameter in. to ft., Diameter in. to ft., Diameter in. to ft.										
1 Steel   3 Stainless Steel   5 Fiberglass   EVC   9 ABS   11 Other (Specify)   10 Asbestos-Cement   12 None used (open hole)											
2 Brass 4 Galvanized Steal 6 Concrete tile 8 RM (SR) 10 Asbestos-Cement 12 None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot Mill 30 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole)  2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft. ft.											
SCREEN OR PERFORATION OPENINGS ARE:  1 Continuous slot Mills of 5 Guazed wrapped 7 Torch cut 9 Drilled holes 11 None (open hole) 2 Louvered shutter 4 Key punched 6 Wire wrapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From ft. to ft. Fr											
2 Louvered shutter 4 Key punched 6 Wire wapped 8 Saw Cut 10 Other (specify)  SCREEN-PERFORATED INTERVALS: From	SCREEN OR PERFORATION OPENINGS ARE:										
From											
From	SCREEN-PERFORATED INTERVALS: From ft to ft From ft to ft										
From	From										
GROUT MATERIAL: 1 Neat cement 2 Cement grout GBenunite 4 Other Grout Intervals: From O. ft. to S. ft., From ft. to ft. what is the nearest source of possible contamination:  1 Septic tank	GRAVEL PACK INTERVALS: From 50 ft. to 6, From ft., From ft. to ft.										
Grout Intervals: From											
Grout Intervals: From	6 CROUT MATERIAL: 1 Next cement 2 Cement grout 2 Pantonite 4 Other										
What is the nearest source of possible contamination:  1 Septic tank  4 Lateral lines 7 Pit privy 2 Sewer lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedward Direction from well? Stround Mg. P. M. Stat.  How many feet? Survound Mg. Survound Mg. P. M. Stat.  FROM TO LITHOLOGIC LOG FROM TO PLUGOING INTERVALS  O 15 Prown day  Year Wound Mg. Survound M	Grout Intervals: From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft.										
2 Sewer lines 5 Cess pool 8 Sewage lagoon (11 Filel storage 14 Abandoned water well below)  3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well 15 Oil well/gas											
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer Storage 15 Oil well/gas well Direction from well? Str. Our All Man Dumb Stat. How many feet? Survivumd Man Some FROM TO PLUGSING INTERVALS  FROM TO LITHOLOGIC LOG FROM TO PLUGSING INTERVALS  O 15 Prown Claus FROM TO PLUGSING INTERVALS  O 17 PINIC AVAILABLE FROM TO PLUGSING INTERVALS  7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)											
FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  O 15 DOWN CLOUD  FROM TO PLUGGING INTERVALS  O 17 DINK GRAND  TO PLUGGING INTERVALS  O 18 DOWN CLOUD  TO PLUGGING INTERVALS  O 19 DINK GRAND  TO PLUGGING INTERVALS  TO PLUG											below)
FROM TO LITHOLOGIC LOG FROM TO PLUGONG INTERVALS  O 15 DYOWN Clay  TO PINK AVAILABILITY OF THE WELL OWNER and Tetain one for your records. Fee of \$5.00 for each constructed well. Visit us at the property of the part of the desired points and the property of the part of the desired part of the part of the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 6612-1367. Telephone 785-296-5522. Send one to WATER WELL OWNER and retain one for your records. Fee of \$5.00 for each constructed well. Visit us at			troundina								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)				<del></del>							ERVALS
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	0	+ · · · · ·	rownda	u.							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	15		nk grav	<u> </u>							
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7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	32										
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	45	+ 2 7 W	* 1 1 D W W W	on cray							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)	1.1			<u> </u>							
under my jurisdiction and was completed on (mo/day/year)	U-(		COVICA	3				<del></del>			
under my jurisdiction and was completed on (mo/day/year)											
under my jurisdiction and was completed on (mo/day/year)											
under the business name of LATONS: 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 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. Visit us at	7 CON	TRACTOR'S C	DR LANDOWNE	R'S CERTIFIC	ATION: Th	is water v	vell was $(1)$	) constr	ucted, (2) reco	nstructe	ed, or (3) plugged
under the business name of 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 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. Visit us at	under n	ny jurisdiction an	nd was completed of	on (mo/day/year)		<b>∕∕</b> and t	his record i	is true t	of the best of m	y know	rledge and belief.
INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT cle</u> arly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas 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 <u>constructed</u> well. Visit us at	Nansas	water well Con	of The License I	DE TONIE	Inis water	Well Reco	na was con	intered	on (mg/day/ye	ar) <b>7.</b>	<i></i>
three copies to Kansas 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. Visit us at	INSTRU	CTIONS: Use type	ewriter or ball point per	1. PLEASE PRESS	FIR MLY and P	RINT clearly	. Please fill	in blanks	, underline or circ	le the co	rrect answers. Send top
	three cop	ies to Kansas Depart	ment of Health and En	vironment, Bureau of	Water, Geolog	y Section, 1	000 SW Jack	son St., S	Suite 420, Topeka,	Kansas 6	66612-1367. Telephone
	http://www.kdhe.state.ks.us/geo/waterwells.										