1 LOCATION O	F WATER WELL:	Fraction	WELL MEGOND		Section Number	Township	Number	Range Nun	nber
County: 200		SW 1/4	5W 1/4	NE 1/4	35] T 4	S	R 23	E/W
Distance and di	rection from nearest town	or city street ad	dress of well if loo	cated within	city?				
12 mil	a Louth + fy Ca	st do n	oston Ka	mara					
WATER WE	LL OWNER:	a Maria							
RR#, St. Addre	ss, Box # : ()	Valley	Vista,	nosto	in Konson	Board of	Agriculture,	Division of Water	Resource
City, State, ZIP	Code	Jury				Applicati	on Number:		
LOCATE WE	LL'S LOCATION WITH	DEPTH OF CO	MPLETED WELL	20	ft. ELEVA	TION:			
AN "X" IN SE					ft. 2				
ī					ft. below land surf			_ \	- .
	1 ' 1	Pump	test data: Well v	water was .	ft. af	ter	hours ou	mping	apr
NY	N (27) NE Es	st. Yield . S.C	gpm: Well v	water was .	ft. af	ter	hours ou	mping	onr
. {					9				
₩ 	E W	ELL WATER TO	BE USED AS:			8 Air conditioni		Injection well	
- !		Domestic	3 Feedlot		d water supply		_	•	low)
sv	A 2E	2 Irrigation	4 Industrial		and garden only 1				
1 1 1	l i lw	as a chemical/ba			to Department? Ye				
		itted				er Well Disinfed			•
TYPE OF BL	ANK CASING USED:		5 Wrought iron	8 C	oncrete tile				
1 Steel	3 RMP (SR)		6 Asbestos-Ceme		ther (specify below			ed	
② PVC	4 ABS		7 Fiberglass			•		aded	
	ameter 5 in.								
Casing height al	bove land surface	0." i	n weight		lbs./f				
	EN OR PERFORATION N		, 		PVC		sbestos-ceme		
1 Steel	3 Stainless st		5 Fiberglass	_	RMP (SR)			 	
2 Brass	4 Galvanized		6 Concrete tile		ABS		one used (op		
SCREEN OR PI	ERFORATION OPENINGS	ARE:	5 G	auzed wrapp		8 Saw cut		11 None (open	hole)
1 Continuo	ous slot (3)Mill s	slot		ire wrapped		9 Drilled hole		(0)	,
2 Louvere				orch cut _					
SCREEN-PERF	ORATED INTERVALS:	From	10 ft. to	30	ft., Fron	n	,,	0	ft
		From			ft., Fron				
GRAVI	EL PACK INTERVALS:				ft., Fron				
		From	ft. t		ft., Fron		ft. t		ft
GROUT MAT	ERIAL: 1 Neat cem	nent 2	Cement grout						
Grout Intervals:	From . ft.					ft. From		. ft. to	ft
What is the nea	rest source of possible cor				10 Livesto			bandoned water w	
1 Septic ta	ank 4 Lateral I	ines	7 Pit privy		11 Fuel s	•		il well/Gas well	
2 Sewer lines 5 Cess pool		ol	8 Sewage lagoon		12 Fertilizer storage		16 Other (specify below)		
3 Watertig	ht sewer lines 6 Seepage	e pit	9 Feedyard			icide storage	Cres		
Direction from w	vell?		•		How man	•	150	Lut	
FROM T	0 0 4	LITHOLOGIC L	OG	FRO			PLUGGING I	NTERVALS	
0 3	5 Surface	loss	A						
5 1.	2 Hold B	ear c	medo	L					
12 18	Hond	Your Cl	bus						
18 2	2 Fine	VED							
22 7	2 mad	maria	Sand						
27 30	Blue	12.10							
, ,									
								1	
CONTRACTO	JD'S OD I ANDOMNED'S	CERTIFICATIO	Ni. This water		and the second second				
completed on (m	DR'S OR LANDOWNER'S	777	in. Itiis water we	ıı was (1) co					
	ractor's License No	المسترين المسترين	TL:. 144				pest of my kno	owledge and belief	r. Kansa
			inis wate	r well Hecor	d was completed o				
nder the busine		mon	willy		by (signati		4 C	malian	
INSTRUCTIONS	6: Use typewriter or ball point pen.	. PLEASE PRESS FIF	RMLY and PRINT party	y. Please fill in b	anks, underline or circle	the correct answers	Send top three	copies to Kansas Depa	artment

INSTRUCTIONS: Use typewriter or ball point pen. <u>PLEASE PRESS FIRMLY</u> and <u>PRINT</u> forly. Please fill in blanks, underline or circle the correct answer send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.