|                                       |                         | WATER WELL RECO  |                               |                 |                         |                                 |          |
|---------------------------------------|-------------------------|--|-------------------------------|-----------------|-------------------------|---------------------------------|----------|
| LOCATION OF WAT                       | ER WELL: F              | raction  |                               | ction Number    | Township Numb           |                                 | •        |
| County: //www.                        | from nearest town or d  | NE 1/4 NE 1/4  NE street address of well if  | Incated within city?          | _J              | T   S                   | s   R 20                        | E/W      |
| 5 mile                                | ~ /, // // // //        | no Sanse   | •                             |                 |                         |                                 |          |
| WATER WELL OWN                        | 7 7 7                   |  |                               |                 |                         |                                 |          |
| •                                     | (LAZIN                  | Liveasing  | ger                           |                 | Donal of Assis          | ulture, Division of Water F     | Pasauraa |
| RR#, St. Address, Box                 | # Luc                   | Kanee  |                               |                 | _                       |                                 | nesource |
| City, State, ZIP Code                 | CATION WITH             |  | つり                            |                 | Application Nu          |                                 |          |
| LOCATE WELL'S LO<br>AN "X" IN SECTION |                         | PTH OF COMPLETED WE  |                               |                 |                         |                                 |          |
| . <u> </u>                            |                         | (s) Groundwater Encounter  |                               |                 |                         |                                 |          |
| 1 1 1 1                               | X   WELL                | 'S STATIC WATER LEVEL  | •                             |                 |                         | _                               |          |
| NW                                    | NE                      | A >  |                               |                 |                         | ours pumping                    |          |
|                                       |                         | ield . 25 gpm: We  |                               |                 |                         |                                 |          |
| w   1                                 |                         | Hole Diameter  |                               |                 |                         |                                 | π.       |
| :                                     |                         | WATER TO BE USED AS  |                               |                 | 8 Air conditioning      |                                 | laur)    |
| SW                                    | 36 1                    | Domestic 3 Feedlo  |                               |                 |                         | 12 Other (Specify bel           |          |
|                                       | ' 1                     | Irrigation 4 Industri  |                               | _               |                         |                                 |          |
|                                       |                         | chemical/bacteriological sa  | ample submitted to D          |                 | ter Well Disinfected?   |                                 |          |
| TYPE OF BLANK C                       | mitted                  |  | n 8 Concr                     |                 |                         | Yes No Camped                   |          |
| 1 Steel                               | 3 RMP (SR)              | 5 Wrought iron 6 Asbestos-Ce   |                               |                 |                         | Welded Clamped                  |          |
| 2)PVC                                 | 4 ABS                   | 7 Fiberglass   |                               | (specify below  | N)                      |                                 |          |
|                                       |                         | _ ^  |                               |                 |                         | in. to                          |          |
| arin casing diameter.                 | nd surface 2.4.         |  |                               |                 |                         | auge No                         |          |
| TYPE OF SCREEN OR                     | PERFORATION MAT         | FDIAL  | ØPV                           | 10s./<br>/C     | 10 Asbesto              |                                 |          |
| 1 Steel                               | 3 Stainless steel       | 5 Fiberglass   |                               | MP (SR)         |                         | specify)                        |          |
| 2 Brass                               | 4 Galvanized stee       | •  |                               |                 | ,                       | sed (open hole)                 |          |
|                                       | ATION OPENINGS AR       |  | Gauzed wrapped                | .0              | ~                       | 11 None (open l                 | hole)    |
| 1 Continuous slot                     |                         |  | Wire wrapped                  |                 | 9 Drilled holes         | 11 110110 (50011)               | ,        |
| 2 Louvered shutte                     |                         |  | Torch cut                     |                 |                         |                                 |          |
| CREEN-PERFORATE                       | , , ,                   |  |                               | ft Fro          |                         | ft. to                          |          |
|                                       |                         |  |                               |                 |                         | ft. to                          |          |
| GRAVEL PAC                            |                         | om 1 . 8   | t to 37                       | ft. Fro         | m                       | ft. to                          |          |
|                                       | Fro                     |  | t. to                         | ft., Fro        |                         |                                 | ft.      |
| GROUT MATERIAL:                       | 1 Neat cement           | Cement grout   | t 3Bento                      | onite 4         |                         |                                 |          |
| Grout Intervals: From                 | 1 <b>O</b> ft. to .     | / ft., From  |                               | to              | ft., From               | ft. to                          |          |
|                                       | urce of possible contam |  |                               | 10 Lives        | tock pens               | 14 Abandoned water w            | vell     |
| Septic tank                           | 4 Lateral lines         | 7 Pit pr   | rivy                          | 11 Fuel         | storage                 | 15 Oil well/Gas well            |          |
| 2 Sewer lines                         | 5 Cess pool             | 8 Sewa   | ige lagoon                    | 12 Fertil       | izer storage            | 16 Other (specify below         | w)       |
| 3 Watertight sewe                     | er lines 6 Seepage pit  | 9 Feed   | yard                          | 13 Insec        | ticide storage          | 100 ful                         |          |
| Direction from well?                  |                         |  |                               | How ma          | ny feet?                | South of Ha                     | 4        |
| FROM TO                               | D /LITE                 | HOLOGIC LOG  | FROM                          | ТО              | PLUG                    | GING INTERVALS                  |          |
| 0 10                                  | Surface                 | Clays  |                               |                 |                         |                                 |          |
| 10 15                                 | med                     | Lord 0   |                               |                 |                         |                                 | · .      |
| 15 25                                 | med                     | to med forg  | Soul                          |                 |                         |                                 |          |
| 25 35                                 | Jorg So                 | popular de la companya de la company |                               |                 |                         |                                 | <u> </u> |
| 35 37                                 | Blue                    | thele  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               | ļ               |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 | •        |
|                                       |                         |  |                               |                 |                         |                                 | *****    |
|                                       |                         |  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 |          |
|                                       |                         |  |                               |                 |                         |                                 | <u></u>  |
| CONTRACTOR'S O                        | R LANDOWNER'S CE        | RTIFICATION: This water  | well was (1) constru          | icted, (2) reco | onstructed, or (3) plug | ged under my jurisdiction       | and was  |
| ompleted on (mo/day/y                 |                         | 91   |                               |                 |                         | f my knowledge and belie        |          |
| Vater Well Contractor's               |                         | 4.4 This W   | Vater Well Record wa          |                 |                         | 8-8-91                          |          |
| nder the business nan                 |                         | The S  | willia.                       | by (signa       |                         | Theolina                        |          |
|                                       |                         | EASE PRESS FIRMLY and PRINT cl   | learly. Please fill in blanks |                 |                         | top three copies to Kansas Dena | artment  |
|                                       |                         | Kansas 66620-0001. Telephone: 9  |                               |                 |                         |                                 |          |