County Thomas NW NW NW NW S NW	1 LOCATIO	ON OF WATE	R WELL:	Fraction				Sec	tion Nu	mber	Towns	nip Number	R	ange Numb	er
Collamora and direction from nearest town or city street address of well if located within city?				,	1/.	NW 1/2	NW						1		FAW
A									<u>-</u>		<u>'</u>				-0
RRBS, SLA, Address, Box # : 1028 COUNTY Rd S Sanker, PEC Gode Levarth, Ks 67743		,													
RRBS, SLA, Address, Box # : 1028 COUNTY Rd S Sanker, PEC Gode Levarth, Ks 67743	2 WATER	WELL OWNE	R: David T	oll											
City, Staff, 2/P Code Levant, Ks 67743 ADX: IN SECTION BOX. No. No. No. No. No. No. No. N					1 S						Board of	Agriculture	. Division of	Water Reso	ources
DEPTH OF COMPLETED WELL 136 ft. ELEVATION: Depth(s) Groundwater Encountered 1 ft. 2 ft. 3 ft. 1	City, State, 7	ZIP Code	Levant.	Ks 677	43										
DEPTHOF CONTEST IN SECTION BOX. No.	LOCATE	WELL'S LOC	ATON WITH						_					· ·	
WELLS STATIC WATER LEVEL 34 ft. below land surface measured on moldayly? WHO WELLS STATIC WATER LEVEL 34 ft. below land surface measured on moldayly? Pump list data: Wellw water was ft. after hours pumping gom gom the light of the light	AN "X" IN	SECTION B	JX:	DEPIH											
WELLS STATIC WATER LEVEL 34 ft. below land surface measured on moldayly? WHO WELLS STATIC WATER LEVEL 34 ft. below land surface measured on moldayly? Pump list data: Wellw water was ft. after hours pumping gom gom the light of the light		N	` <u>[</u> [Depth(s) Gr	oundwat	er Encount	ered 1			ft	. 2		ft. 3		ft.
Pump best data: Well water was ft. after hours pumping gpm by the water averby gpm by the	≱ ĮX			WELL'S ST	ATIC W	ATER LEVE	EL 3	4 ft.	below	land s	urface meas	ured on mo	/day/yr		
Est, Yield gorn Well water was 1, 8 fter nours pumping gorn 140 ft. and ordinations 2 ft.															
Bornestic 3 Feed to 1		NW	NE												
2 Industrial 7 Lawn and garden (connectic) 10 Monitoring well Was a chemical/bacteriological sample submitted to Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly's sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes No X, If yes, moldayly sample was submitted 10 Department? Yes X, No X, If yes, moldayly sample was submitted 10 Department? Yes X, No X, If yes, moldayly sample was submitted 10 Department? Yes X, No X, If yes, moldayly sample was submitted 10 Department? Yes X, No X, If yes, moldayly sample was submitted 10 Department? Yes X, No X, If yes, moldayly sample was submitted to Department? Yes X, No X, If yes, moldayly sample was submitted to Department? Yes X, No X, If yes, moldayly sample was submitted to Department? Yes X. No X, If yes, moldayly sample was submitted to Department? Yes X, No X, If yes, moldayly sample was submitted to Department? Yes X, No X, If yes, moldayly yes Yes X, No X, If yes, moldayly sample was submitted to Department? Yes X, No X, If yes, moldayly yes Yes X, No X, If yes, moldayly y	w E	1		Rore Hole C	Nameter	. gp v	in to	14	10	'	ft and		in to		ft.
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S Was a chemical/bacteriological sample submitted to Department? Yes No X If yes, molday/yr sample was submitted S S S S Wought iron S Concrete tile CASING JOINTS: Glued X Clamped X		Svv T	SE												
S	t L														was
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1 Steel 3 RMP (SR) 6 Asbestos-Cement 9 Other (specify below) Welded	5 TYPE OF	E DI ANK CAS		Submittod		S \Mrought	Iron	8 Conc	rete tile						d
E PVC				'D'		•									
Blank cashing diameter 4.5 in. to 96 ft. Dia in. to ft. Diameters of Diame			•	or()				9 Other	(specif	y pelo	w)		vveided		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 1 Other (specify) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 96 ft. to 136 ft. From ft. to ft.	2 PV	С	4 ABS		- 7	Fiberglas	ss .						Threaded		
TYPE OF SCREEN OR PERFORATION MATERIAL: 1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify) 2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 3 Mill slot 6 Wire wrapped 1 Other (specify) 1 Continuous slot 3 Mill slot 6 Wire wrapped 9 Drilled holes 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) SCREEN-PERFORATED INTERVALS: From 96 ft. to 136 ft. From ft. to ft.	Blank casing	g diameter _	4.5	in. to	96	ຼູ ft., Dia		in.	to		ft., Dia		in. to	1-11	ft_
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## 2 Brass	TYPE OF S	CREEN OR P	ERFORATION	I MATERIAI	L:			[7	PVC		10	Asbestos-	cement		- 1
SCREEN OR PERFORATION OPENINGS ARE:	1		3 Stainles	ss steel		5 Fiberglas	SS	8	RMP ((SR)	11	Other (spe	ecify)		
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2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)	i						5 Gauzed	wrapped			8 Saw cu	nt 	11 No	one (open h	iole)
SCREEN-PERFORATED INTERVALS: From 96 ft. to 136 ft. From ft. to ft.	1														Ì
From Service From Service	ı										to Other	(specify)			
GRAVEL PACK INTERVALS: From 20 ft. to 136 ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. From ft. to ft. Grout Intervals From 0 ft. to 20 ft. From ft. to ft. Grout Intervals From 0 ft. to 20 ft. From ft. to ft. 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 12 Fertilizer 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 16 Other (specify below) 10 Livestock pens 14 Abandoned water well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage 16 Other (specify below) 10 CODE LITHOLOGIC LOG FROM TO PLUGGING INTERVALS 0 2 Surface 15 Loess 15	SCREEN-PI	ERFORATED	INTERVALS:	From	9	νπ.	to,	130	- -	π. I	-rom		π. to		· ^{π.}
From ft. to ft. From ft. To ft				From		ft.	to			ft. I	From		ft. to		ft.
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135 140 Black shale 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/yr) 10-3-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 10-3-06 This Water Well Record was completed on (mo/day/yr) 10-20=06 Under the business name of Woofter Pump & Well Inc. INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Priviplyment, Bureau of Water, 1000 S W															
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completed on (mo/day/yr) 10-3-06 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 554 This Water Well Record was completed on (mo/day/yr) 10-20=06 under the business name of Woofter Pump & Well Inc. INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Priviplyment, Bureau of Water, 1000(S W	135	140	Ria	ick snale	5				-						
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INSTRUCTIONS: Please fill in blanks and circle the correct answers. Send three copies to Kansas Department of Health and Environment, Bureau offwater, 1000/S W Jackson St. Ste. 420. Topeka, Kansas 66612-1367. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.	under the b	usiness name	of	W	oofter	Pump &	k Well in	C.		t	y (signature)	your (Was	Mr h	4 M
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