LOCATE WELL OWNER: RR#, St. Address, Box # Clay   Locate   Locat	133 r Resource ft. gpm ft. gpm ft.
MATER WELL OWNER:  RR#, St. Address, Box #:  City, State, ZIP Code    LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:    Depth(s) Groundwater Encountered   1.	gpm gpmft.
WATER WELL OWNER:  RP#, St. Address, Box #:  RP#, St. Address, Box # St. Address # St.	gpm gpmft.
LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL35	gpm gpmft.
Est. Yield gpm: Well water was ft. after hours pumping well water was ft. after hours pumping in. to ft., and in. to well water Supply 8 Air conditioning 11 Injection well Pomestic 3 Feedlot 6 Oil field water supply 9 Dewatering 12 Other (Specify be a chemical/bacteriological sample submitted to Department? Yes	pelow)  ed ft.
WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well 2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well Was a chemical/bacteriological sample submitted to Department? Yes	pelow)  ple was sub  ed  ft.
2 Irrigation 4 Industrial 7 Lawn and garden only 10 Observation well  Was a chemical/bacteriological sample submitted to Department? Yes	ed
Was a chemical/bacteriological sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No ; If yes, mo/day/yr sample sample submitted to Department? Yes No in the submitted to Department Yes No in the submitted to Department Yes No in the submitted to Department? Yes No in the submitt	ed
TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued	
2 PVC 4 ABS 7 Fiberglass Threaded.  Blank casing diameter in to ft., Dia in to ft	ft.
Blank casing diameter	ft.
Casing height above land surface	
1 Steel 3 Stainless steel 5 Fiberglass 8 RMP (SR) 11 Other (specify)	
2 Brass 4 Galvanized steel 6 Concrete tile 9 ABS 12 None used (open hole)  CREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open	
SCREEN OR PERFORATION OPENINGS ARE: 5 Gauzed wrapped 8 Saw cut 11 None (open	
Country (April 1997)	a hole):
7 Containaged Stot. C Will Stot. C Will Stot. C Will Wrapped 3 Dillied Holes	i noie)
2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify)	
SCREEN-PERFORATED INTERVALS:         From.         ft. to         ft., From         ft. to           From.         ft. to         ft., From         ft. to           GRAVEL PACK INTERVALS:         From.         ft. to         ft., From         ft. to	ft.
From         ft. to         ft., From         ft. to           GROUT MATERIAL:         1 Neat cement         2 Cement grout         3 Bentonite         4 Other	
GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other	
What is the nearest source of possible contamination:  10 Livestock pens  14 Abandoned water	
1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well	
2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify bel	ow)
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage	• • • • • • • •
FROM TO LITHOLOGIC LOG	
no water	
135 gravel gravel	
135	
Cemanted July 14, 1988	
	***************************************
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction completed on (mo/day/year)	
Nater Well Contractor's License No	
under the business name of by (signature) by (signature)	4
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the forrect answers. Send top three copies Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain on	6 Kansas e for vour
records.  Freide Melson	