1 LOCATION OF WATER WELL: Fraction					Sec	ction Jumb	per	Township Number			Range Number		
County: 3	Riley	NC	1/400	1/10/1/4		19		Ĭ			OE	and the same of th	
Distance a	and direction f	rom nearest	town or	city stree	t addı	ress of wel	llifl	ocated	within ci	ty?	,		
Bldg 119	AL 50 St.	4 C. S	<u>st. C</u>	amp Fun	5-tu W	F4. R.	ley	KS (	(See Al	buched	Drai	wing)	
			72点	gs or ca	19120	-		, -,					
RR#, St. A City, Stat	Address, Box #: ce, ZIP Code :	KANSas	City	MD 64		Applicati	ion Nun	mber:	Division	of Water	Resou	ırces	
	ELL'S LOCATION N			OF WELL									
— AN "X"	N SECTION BOX		WELL'S	STATIC WAT	ER LE	VEL2.5.	2	ft.					
			WELL W	AS USED AS:									
N	WN 1	E	1 0	Oomestic	5 P	ublic Water	r Suppl		9 Dewate				
		6 Oil Field Water Supply (D)Monitoring Well 7 Lawn and Garden Only 11 Injection Well											
w		E		eedlot Industrial		ir Conditio		•	12 Other.				
S'E Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted													
			Water We	ell Disinfed	ted:	Yes	No						
	\$												
5 TYPE OF	BLANK CASING	USED:							•				
1 Steel	3 RMP (SR) 4 ABS	5 Wrought 6 Asbesto		7 Fiber 8 Concr			ther (s	specify	below)				
	casing diameter	2-	in.	Was casing	pulle	d? Yes	No	o	If yes, h	ow much.			
Casing	casing diameter height above o	r below lar	nd surfac	e. Flush i	Voint	in.	CAS'	ing Du	rilled ou-	t to l	<i>'</i>		
6 GROUT F	PLUG MATERIAL:	1 Neat cen	nent 2	2 Cement gro	out	<b>ॐ</b> Bentonit	te 4	4 Other.					
Grout F	Plug Intervals:	From 39	Bft.	toft	:., F	romft	t. to	1	ft., From		to	ft.	
What is	s the nearest s	ource of po	ssible (	contaminatio	n:								
	otic tank		Seepage			uel storage		(	0ther	(specify	/ below	4)	
						Prertilizer storage Former UST							
	teral lines ss Pool		Feedyard Livestoo			bandoned wa il well/Gas		ell	,				
	ion from well?	1				many feet?		16'					
FROM	то		NG MATER	RIALS		•							
						-K	_			,			
39.8'		benton'i				FI	L. Ri	ley G	oordina	tes			
	δ 6	Smpacte	1 So.	: 1		N	2	B0 27	2 6				
						•							
							-	58,69					
						Elev	10	5S. 34	-	ş			
				***************************************									
		~~~											
	CTOR'S OR LANDO /day/year)												
Water 1	/day/year) Well Contractor SI28198 gnature)	's License	No	bueinges no	no of	This Water	Well	Record	was comple	ted on	(mo/day	y/year)	
by (si	gnature)	Parie	S. A.	une mes mar				1					

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.