1 LOCATI	ON OF WATE		Fraction		Section Number	Township Number	Range Number	
County:	Dick	1500	1/4	1/4SE1/4	14	13	1E	
			•		L	located within city?		
2 WATER	WELL OWNER	: Jo	e Nold	Preside	ent			
	Address, B	ox #: 219	Eden	ake As. Rd	Board of Agric	culture, Division of	Water Resources	
	te, ZIP Co		lene, k	Rd 674	Application No.			
	ELL'S LOCA IN SECTIO		II					
ļ _г	N		WELL'S	S STATIC WATE	ER LEVEL	ft.		
			WELL V	AS USED AS:	2			
N	, u	N E		omestic rrigation	5 Public Water Sup 6 Oil Field Water	9 Dewaterin Supply 10 Monitorin	T	
			3 F	eedlot	7 Lawn and Garden	Only 11 Injection	Well	
"			4 1	Industrial	8 Air Conditioning	12 Other		
s	\w	s E	Was a ch	nemical/bacto	eriological sample su	ubmitted to Departmen	t? YesNo	
	Was a chemical/bacteriological sample submitted to Department? YesNo.X If yes, mo/day/yr sample was submitted							
	s s		Water We	ell Disinfect	ted: Yes.XNo	••••		
5 TYPE O		SING USED:						
Н				- -•·			•	
1 Stee 2 PVC	3 RMP 3 4 ABS	(SR) 5 Wrou 6 Asbe	ght stos-Cement	7 Fibers 8 Concre	glass 9 Other (ete Tile	(specify below)		
Blank	casing dia	meter 5	in.	Was casing p	oulled? Yes P	No. X If yes, how	much	
Casing	height ab	ove or below	land surfac	e	in.			
		IAL: 1 Neat	_	_		4 Other		
Grout (Plug Inter	vals: From	6 ft.	toft.	, Fromft. to	oft., From	toft.	
What is	s the near	est source of	possible c	ontamination	1:			
	otic tank		6 Seepage pit		11 Fuel storage	16 Other (sp	ecify below)	
(_	wer lines tertight s	ewer lines	7 Pit priv	У	12 Fertilizer stores 13 Insecticide store	Fertilizer storage		
4 Lat	teral line	<u>s</u>	9 Feedyard 10 Livestoc		14 Abandoned water w 15 Oil well/Gas well	√ell		
		ell? // .		-	How many feet?			
					How many feet??			
FROM	то	PLU	GGING MATER	IALS	_			
57	23	Course						
23	6	Clay/.	subsoi	/				
6	3	Bento	rite					
3	0	Topso	11					
7 CONTRAC	TOR'S OP	ANDOUNEDIS C	ERTIFICATIO	N.Thie water	uell use blussed :	nder my junicalistics :	and was somelated	
on (mo)	/day/year)	2/18/	0.2 an	d this recor	d is true to the bes	nder my jurisdiction a st of my knowledge and	d belief. Kansas	
2/.0	25. <i>J. 0</i> .4	actor's Licen	se no under <i>j</i> sh <i>e</i>)b	usiness name	of Red Sud A	Record was completed	on (mo/day/year)	
by (sig	nature) .	······································	·V.(**&/.,	.Fresid	ent			

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.