| LOCATION DOT WATER WELL   Faculting   Sex   Section Number   Township Number   Range Number   Country Countr   |                                 | WA   | TER WELL RECO   | ORD Form V             | NWC-5                                 | KSA 82a-               | 1212 ID             | No.                         | Null         | <b>O</b>                     |                |           |           |  |
|--|---------------------------------|--|-----------------|------------------------|---------------------------------------|------------------------|---------------------|-----------------------------|--------------|------------------------------|----------------|-----------|-----------|--|
| Debators and diskiden from nearest lown or only steel address of well if located within city?    NATE WELL OWNER   STP   NC  |                                 |  | 4               | o                      | <u> </u>                              | Sec                    | tion Numbe          | er                          |              |                              | Ran            |           | ber       |  |
| Continuous sist   Screen   Continuous sist   S   |                                 |  |                 |                        | SE 1/4                                |                        |                     |                             | Т            | 3 s                          | R              | 19_       | (E)W      |  |
| 2 WATER WELL OWNER  MRS. 8. Address Do. # 1  ANY IN SECTION BOX.  APPLIES STATION WHITE LEVEL THE DIVERT HE DEVELT THE DEVELT OF | _                               |  | 1 : .           | ddress of well if      | located w                             | ithin city?            |                     | A                           | 11-          |                              |                |           |           |  |
| STAPPE OF BLANK CASING USED:   S Wought Iron   S Concrete tile   CASING JOINTS Glued   Clamped   S Concrete tile   S Casing disease on a Start   | 1000                            | N 231  | a ST.           |                        |                                       |                        |                     | <u>/^\ Y</u>                | V IO         |                              |                | -         |           |  |
| Coy, State, 2/P Code    Contract   Code   Co | 2 WATER WELL OWN                | ER: (DVÌCI   | 4 STOP          | inc.                   |                                       |                        |                     |                             |              |                              |                |           |           |  |
| SINCALD WELL'S LOCATION WITH   PEPPIN OF COMPLETED WELL  |                                 | 1000   | W 23r           | d                      |                                       |                        |                     |                             |              |                              | Division of \  | Nater Re  | esources  |  |
| AN X IN SECTION BOX.    Popular  |                                 |  | rence           | KS 100                 | 044                                   | 14.4                   |                     | /ATION                      |              |                              |                |           |           |  |
| Pump test data: Well water was   |                                 |  | 4 DEPTH OF CO   | OMPLETED WE            | =LL                                   |                        |                     |                             |              |                              |                |           |           |  |
| Pump test data: Well water was   |                                 | OX:  | Depth(s) Ground | dwater Encount         | ered 71                               | ft beld                | land sud            | .ft. 2                      | eured or     | tt. (<br>n mo/day/yr         | 5 19           | 70        | π.        |  |
| Est, Yeld gorm Well water was  |                                 | ı  | Pum             | np test data: W        | /eli water                            | was                    | f                   | t. after                    |              | hours                        | pumping        |           | gpm       |  |
| Well Wall End De Use Las S Feedol 6 Oil field water supply 8 Air Compounding 11 Office (Specify below)  2 Impation 4 Industrial 7 Dementic (swin & garden) 6 Oil field water supply 6 Oil field water well water Well Districted? Yes No Welded The State of Abbasios-Cement 1 Districted? Yes No Welded The State of Abbasios-Cement 1 Districted? Yes No Welded The State of Abbasios-Cement 2 District (specify below) 9 Oil field (specify below) Welded Threaded in 10 o. ft. Character State of Abbasios-Cement 2 Districted The State of Abbasios-Cement 2 Districted The State of Abbasios-Cement 2 Districted Threaded The State of Abbasios-Cement 2 Districted Threaded Th   | NW                              | _ NE   |                 |                        | ell water /                           | was                    | f                   | t. after                    |              | hours                        | pumping        |           |           |  |
| 2   Irigation   4   Industrial   7   Domestic (lawn & garden)  |                                 | 14   |                 |                        |                                       |                        |                     |                             |              | •                            | •              |           |           |  |
| SW SE -   Was a chemical/bacteriological sample submitted to Department? Yes   | w l                             | E 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| STYPE OF BLANK CASING USED:   S Wrought iron   S Abselso-German   S Concrete tille   O Charles   O C   | '                               | 2 mgasar Santasar (ami a garasi) (3 fiormaring normaling |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| Second   S   | sw                              | = SE = - Was a chamical/hacteriological sample submitted to Doportment? Ves No Hrvas molday/vrs sample was sub-  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| State 3 RMP (SR) 6 Abbestos-Cement 9 Other (specify below) Weided Threaded In to III. Dia in     | 1                               | Ţ  |                 | bacteriological        | sample sc                             | ibilitied to t         | Бераннен            | Water W                     | /ell Disini  | fected? Yes                  | norday/y/o     |           |           |  |
| State 3 RMP (SR) 6 Abbestos-Cement 9 Other (specify below) Weided Threaded In to III. Dia in     | 1                               | X  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| State 3 RMP (SR) 6 Abbestos-Cement 9 Other (specify below) Weided Threaded In to III. Dia in     | 5 TYPE OF BLANK CA              | ASING LISED:   |                 | 5 Wrought iron         | · · · · · · · · · · · · · · · · · · · | 8 Concre               | ate tile            |                             | CASING       | LIOINTS: Glue                | ed (           | Clamped   |           |  |
| Blabt casing diameter 2 in, to 1.4. Tit, Dia in, to 1.5. Tit, Dia in, T | 1 Steel                         |  | R)              |                        |                                       |                        |                     |                             | OAOIIVO      |                              |                | • •       |           |  |
| Casing height above land surface in, weight in in, weight i   |                                 |  | •               |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| TYPE OF SCREEN OR PERFORATION MATERIAL:  1 Steel 3 stainless Steel 5 Fiberglass 8 RMM (SR) 11 Other (Specify) 12 None used (open hole)  2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole)  1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) 10 Other (specify) 11 Other (specify) 11 Other (specify) 11 Other (specify) 12 None used (open hole)  2 Louvered shutter 4 Key punched 7 Torch cut 11 None (open hole) 9 Drilled holes 10 Other (specify) 11 Other (specify) 11 Other (specify) 12 None used (open hole) 12 None used (open hole) 12 None used (open hole) 13 None (open hole) 14 None (open hole) 15 None used ( |                                 |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| 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) SCREEN OR PERFORATION OPENINGS ARE: 1 Guazed wrapped 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 9 Diffed holes 1 Other (specify) 11 None (open hole) 11 None  | Casing height above lan         | d surface  |                 | in., weight.           | · · · · · · · · · · · · · · · · · · · |                        |                     | lbs./ft                     | . Wall thi   | ckness or gua                | ge No          |           |           |  |
| 2 Brass 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole)  SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 1 Continuous slot 2 Louvered shutter 4 Key punched 7 Torch cut 10 Other (specify) fit.  SCREEN-PERFORATED INTERVALS: From 1, t. to 1, t. F |                                 |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| SCREEN OR PERFORATION OPENINGS ARE: 1 Continuous slot 2 Mill slot 2 Louvered shutter 3 Mill slot 3 Mill slot 3 Mill slot 3 Mill slot 4 Key punched 7 Torch cut 1 Other (specify) 1 to 1 the from the fit to 1 the fit from the fit fit from the fit from the fit fit from the fit fit from the fit fit from the fit from the fit fit fit from the fit fit from the fit   |                                 |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| 1 Continuous slot  |                                 |  |                 | o Concrete the         |                                       |                        |                     | 0.0                         |              | None asca (o                 |                | / h       | -1-1      |  |
| 2 Louvered shutter   |                                 |  |                 |                        |                                       |                        |                     |                             |              | iles                         | 11 None        | (open n   | iole)     |  |
| SCREEN-PERFORATED INTERVALS: From th. to th. From th. to the Interval the From th. to the From |                                 |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           | ft.       |  |
| GRAVEL PACK INTERVALS: From fit to fit. From fit fit fit. From fit fit fit. From fit fit fit. From fit. Fro |                                 |  |                 | .H                     | 1                                     | 4.4                    | # Erc               | ·m                          |              | ft t/                        | ^              |           | ft        |  |
| From ft. to ft., From ft | From ft to ft From ft to ft     |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| 6 GROUT MATERIAL:  1 Neat cement 2 Cement grout 3 Bentonite 4 Other Grout Intervals: From  | GRAVEL PACK INTERVALS: From     |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| Grout Intervals: From  |                                 |  | From            | 1                      | ft. to                                | •••••                  | ft., Fro            | m                           |              | ft. to                       | o              |           | ft.       |  |
| Grout Intervals: From  | 6 GROUT MATERIAL                | : 1 Nea  | t cement        | 2 Cement g             | rout                                  | (3)Bent                | tonite              | 4 Othe                      | er           |                              |                |           |           |  |
| What is the nearest source of possible contamination:  1 Septic tank 4 Lateral lines 7 Pit privy 2 Sever lines 5 Cess pool 8 Sewage lagoon 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  O 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/year)  | Grout Intervals: From           | 2  | ft. to          | ft., From              | 1                                     | ft. t                  | o                   | ft                          | t., From .   |                              | ft. to         |           | ft.       |  |
| 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 How many feet?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  O   | What is the nearest soul        | rce of possible  | contamination:  |                        |                                       |                        | 10 Liv              | estock p                    | ens          | 14                           | Abandoned      | water v   | vell      |  |
| 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage How many feet?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  5' 7' Clay dry grey Moist NO Odoc  7' 9' Lay grey - ovenel mottled, non natures, stiff  TO CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) econstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the bast at my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/year) This Water Well Record was  | <ol> <li>Septic tank</li> </ol> | 4 Late   | ral lines       | 7 (                    | Pit privy                             |                        | el storage          | torage 15 Oil well/Gas well |              |                              |                |           |           |  |
| Direction from well?  FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  5' 7' Clay dk- grey Moist NO Code  1' 9' lay, grey - overel wortled, iron natures, stiff  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/year) and this record is true to the based my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/year) by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Shrulp three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Subtle 420, Topeka, Kansas 66612-1367. Telephone 765-296-5522. Send one to WATENVELL OWNER and retain one for your   | 2 Sewer lines 5 Cess pool       |  |                 |                        | Sewage la                             | goon                   | 12 Fertilizer stora |                             |              | age 16 Other (specify below) |                |           |           |  |
| FROM TO LITHOLOGIC LOG FROM TO PLUGGING INTERVALS  TO CONCRETE  TO PLUGGING INTERVALS  TO P | 3 Watertight sewer              | lines 6 Seep   | page pit        | 9 1                    | Feedyard                              | 13 Insecticide storage |                     |                             |              |                              |                |           |           |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, 2) econstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)   |                                 |  |                 |                        |                                       |                        | How m               | nany feet                   |              |                              |                |           |           |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) Jeconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)   | FROM TO                         |  | LITHOLOGIC      | LOG                    |                                       | FROM                   | то                  |                             |              | PLUGGING II                  | NTERVALS       |           |           |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) Jeconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year)   | 0 111                           |  | $\sim 1a$       |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) Jeconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/ym by Street or ball point per. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Sanying three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66812-1367. Telephone 785-296-5522. Send one to Water ReverLL OWNER and retain one for your  | 0 6                             | JOVIC  | reve            |                        |                                       |                        |                     |                             |              |                              |                |           | 2 - T     |  |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) Jeconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/ym by Street or ball point per. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Sanying three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66812-1367. Telephone 785-296-5522. Send one to Water ReverLL OWNER and retain one for your  | <i>E</i> / 11                   | <u> </u>   | 11/ 0.0         | · · · · · · · ·        | :-1                                   | 100                    | امداد               |                             |              |                              |                |           |           |  |
| 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/year)   | 2. 1.                           | ray,   | ar-yr           | $u_{\chi}$ , $r_{11}c$ | 151                                   | NO G                   | COK                 |                             |              |                              |                |           |           |  |
| 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/year)   | 7/ 0/                           | 10.1   | Quan = 5        | 0/                     | .00                                   | Had                    | 10014               | mod.                        | 1100         | C15 CF                       |                | -         |           |  |
| 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/year) and this record is true to the bast of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Senting the prescription of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to With Well. OWNER and retain one for your   |                                 | ~~~~   | JVez-C          | vere c                 | W W                                   | ( veer)                | 11 001              | rom                         | MUS          | ) STITE                      |                |           |           |  |
| 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/year) and this record is true to the bast of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Senting the prescription of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to With Well. OWNER and retain one for your   |                                 |  | 0               |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| 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/year) and this record is true to the bast of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr) under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Senting the prescription of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to With Well. OWNER and retain one for your   |                                 |  |                 |                        |                                       | 1                      | 1                   |                             |              | <del>,</del> \               | 5 0            | 10        |           |  |
| completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Servictor three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WITHWELL OWNER and retain one for your   |                                 |  |                 |                        |                                       | -+1                    | W V                 | MD                          | init         | · Nau                        | renz           | ·Va       | ~         |  |
| completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Servictor three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WITHWELL OWNER and retain one for your   |                                 |  |                 |                        |                                       |                        |                     |                             | •            |                              |                | - (       | 1         |  |
| completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Servictor three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WITHWELL OWNER and retain one for your   |                                 |  |                 |                        |                                       |                        | 1).                 | Ta                          | 110          | V_                           |                |           |           |  |
| completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Servictor three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WITHWELL OWNER and retain one for your   |                                 |  |                 |                        |                                       |                        | 7                   | , (V)                       | 0            |                              |                |           |           |  |
| completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's Licence No This Water Well Record was completed on (mo/day/yr under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Servictor three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WITHWELL OWNER and retain one for your   |                                 |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |
| Water Well Contractor's Licence No   | 7 CONTRACTOR'S OF               | LANDOWNE   | R'S CERTIFICAT  | ION: This water        | r well was                            | (1) constri            | ucted. (2)          | econstrue                   | cted. or (   | (3) plugged ur               | nder my iuri   | sdiction  | and was   |  |
| Water Well Contractor's Licence No   | completed on (mo/day/ye         | ar)  | 121/05          |                        |                                       |                        | and this            | record is                   | s true to th | he best of my k              | nowledge a     | ınd belie | f. Kansas |  |
| 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. Sent top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to WITER WELL OWNER and retain one for your   |                                 | ,  |                 |                        |                                       |                        |                     |                             |              | / / 15                       | 11-            |           |           |  |
| INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Sent the three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Kansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Mansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 SW Jackson St., Suite 420, Topeka, Mansas 66612-1367. Telephone 785-296-5522. Send one to Water, Geology Section, 1000 S | under the business name         | of   | argent          | Assocut                | 43                                    |                        | b                   | y (signat                   | ture)        | 1                            |                |           |           |  |
|  | INSTRUCTIONS: Use typew         | riter or ball point pe   |                 |                        | arly. Please f                        | II in blanks, und      | derline or circle   | the correct                 | answers. S   | end top three copie          | s to Kansas De | epartment | of Health |  |
|  |                                 |  |                 |                        |                                       |                        |                     |                             |              |                              |                |           |           |  |