1 LOCATION OF WATER WELL		Fraction	Section Number	Township Number	Range Number
County: Geary	d	5W1/4SE1/4 NW/4	32		Summer
Distance and direction fr		<u> </u>	1, , , , , , , , , , , , , , , , , , ,	located within city?	n Majarrasannan na na na na mata Manana na na mata na
2 WATER WELL OWNER: Ve	C050	M. No-	J		
nnd	500	9 W. HWY	Pound of Agric	culture, Division of	Hatar Pacaurcas
City, State, ZIP Code	Sundia	on CHV, KS 6644	ž	umber:	water Resources
3 MARK WELL'S LOCATION WAY AN "X" IN SECTION BOX:	IITH .	4 DEPTH OF WELL	A.T		
N N		WELL'S STATIC WAT	er levelQ	ft.	
		WELL WAS USED AS:			
N W N E		1 Pomestic 2 Irrigation			-
<b> </b>	——Е		7 Lawn and Garden 8 Air Conditioning	Only 11 Injection	n Well
W		4 Industriat	6 Att Conditioning	I.M. Otherse	
s W		If yes, mo/day/yr s	ample was submitted.		nt? YesNo
		Water Well Disinfec	ted: Yes.X No		
S S E TYPE OF BLANK CASING I	ICED .				And the state of t
5 TYPE OF BLANK CASING L 1 Steel 3 RMP (SR)		ght 7 Fiber	aloss (2)0thor	(enecify below)	
	6 Asbes	stos-Cement 8 Concr	ete Tile	(specify below)	
2 PVC 4 ABS  Blank casing diameter. Casing height above or	below	in. Was casing land surface	pulled? YesX	No If yes, how	much. S. T.T.
6 GROUT PLUG MATERIAL:	1 Neat	cement 2 Cement gro	ut (3 Bentonite)	4 Other	
Grout Plug Intervals:	From	.5ft. to.9.5ft	., Fromft. t	oft., From	toft.
What is the nearest so	ource of	possible contaminatio	n:		
1 Septic tank		6 Seepage pit	11 Fuel storage		pecify below)
2 Sewer lines 7 Pit privy 12 3 Watertight sewer lines 8 Sewage lagoon 13					
4 Lateral lines 5 Cess Pool		*	14 Abandoned water 15 Oil well/Gas wel	L	
Direction from well? .	.Nor	th	How many feet? $.1.5$	50	
FROM TO	PLU	GGING MATERIALS			
27' 25' W	ashed	Send			
25' 5' d	ay s	ubsoil			* * * * * * * * * * * * * * * * * * *
5' 4.5' be	nota	ite			
4.5' D to	1,029				
	1				•
	No. 27				
7 CONTRACTOR'S OR LANDOW on (mo/day/year).\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	- <b>\</b> 9.∵.¶ ′s Licen	se No	rd is true to the be This Water Well	est of my knowledge am Record was completed	nd belief. Kansas d on (mo/day/year)
by (signature) News	non i	under the business nam	e of		
INSTRUCTIONS: Use typewi					

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.