

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <i>Osage</i>		<i>SE</i> $\frac{1}{4}$ <i>SE</i> $\frac{1}{4}$ <i>NE</i> $\frac{1}{4}$	<i>24</i>	T <i>14</i> S	R <i>15</i> EW

332 Magn - Carbonate

mw 3

Application Number:

4 DEPTH OF COMPLETED WELL 19.5 ft. ELEVATION:

WELL'S STATIC WATER LEVEL ft. below land surface measured on mo/day/yr

5. Wrought iron	8. Concrete tile	CASING JOINTS: Glued	Clamped
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1 Steel
2 PVC

7 PVC

cut 11 Nov

10 Other (specify) _____

From _____ ft. to _____ ft. From _____ ft. to _____ ft.

YST

How many feet?

FROM	TO
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0	7
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50	55
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19	17
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10	12
15	17

13	16
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Figure 1

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[illegible]

CONTRACTOR

Completed on (mo.

Water Well Contra

under the business

INSTRUCTIONS

INSTRUCTIONS: U
of Health and Env

Ten soil

Clay, some fill, brown-black

Clair, dk gray brown w/ black streaks

Clay, dark brown w/ gray mottles

Flushmount Waiver
by D. Taylor

of Health and Environment, Bureau of Water, Topeka, Kansas 66606-0001. Telephone: 913-296-5545. Send one to WATER WHEEL OWNER and retain one for your records.

INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT 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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.