| | N OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|---|---|---|--|---|---|
| County: L | LYON | NW1/4/11/1/1/4/1/1/4 | 5 | 16 | 13E |
| Distance a | and direction from near | rest town or city street | address of well if | located within city? | |
| 2 WATER W | JELL OWNER: JOHA | FERDINAND | | | |
| Z WATER W | Address, Box #: 2013 | | Poord of Agric | culture, Division of | Water Resources |
| City, St. A | ce, ZIP Code : REA | DING, KS 669 | | | Water Resources |
| AN "X" | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL | | | | |
| w | WN E | 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial | 5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning | Supply 10 Monitoring Only 11 Injection 12 Other L. Go YRS | ng Well Westwork AGO |
| s | S E S | Was a chemical/bact If yes, mo/day/yr s Water Well Disinfec | ample was submitted. | ubmitted to Departmer | nt? YesNo |
| 5 TYPE OF | BLANK CASING USED: | | AND SALES OF THE S | | |
| 1 Steel 2 PVC | | estos-Cement 8 Concr | • | (specify below) MESTONEFA | |
| | casing diameter height above or below | in. Was casing land surface | pulled? Yes in. | No If yes, how | much |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 sentonite 4 Other | | | | | |
| Grout F | olug Intervals: Fro | m. 7.5.ft. to. 8.0.ft | ., Fromft. t | oft., From | toft. |
| What is | s the nearest source o | f possible contaminatio | n: | | |
| 2 Sev 3 Wat 4 Lat | otic tank Wer lines tertight sewer lines teral lines ss Pool | | 11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel | ge age JURFA well | RUNOFF |
| Direct ² | ion from well? | | How many feet? | | |
| FROM | | UGGING MATERIALS IN MESTONE ROCK THEN LAYE | HAND LAID R SAND AL | | |
| 7,5 | BIO POWDE | RED SODIUM BI | | • | |
| 8,0 | 15.0 FILL | DIRT | | | |
| | | | | | |
| | | | | | |
| on (mo Water | /day/year) | CERTIFICATION: This water and this reconse No | ord is true to the be This Water Wel ne g f | est of my knowledge a | nd belief. Kansas d on (mo/day/year) |
| underline Bureau of | or circle the correct | or ball point pen. <u>Pleater</u> transwers. Send top this 66620-0001. Telephon | ase press firmly and ree copies to Kansas | Department of Health | and Environment, |