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Was a cl mitted 5 TYPE OF BLANK CASING USED: AA 1 Steel 3 RMP (SR)	5 Wrought iron 6 Asbestos-Cement	8 Concre 9 Other	garden only 1 epartment? Ye Wai ete tile (specify below	esNo; I ter Well Disinfected? Ye CASING JOINTS: V)	12 Other Specify below) (AS O T ST HOE f yes, mo/day/yr sample was sub- es No Glued Clamped	
2 PVC 4 ABS	7 Fiberglass				Threaded	
Blank casing diameterin. to Casing height above land surface TYPE OF SCREEN OR PERFORATION MATER 1 Steel 3 Stainless steel 2 Brass 4 Galvanized steel	in., weight RIAL: Fiberglass 6 Concrete tile	7 PV 8 RM 9 AB	lbs./ C IP (SR)	ft. Wall thickness or gau 10 Asbestos- 11 Other (sp 12 None use	ge No. cement ecify) d (open hole)	
SCREEN OR PERFORATION OPENINGS ARE:	•	ed wrapped			11 None (open hole)	
1 Continuous slot 3 Mill slot		wrapped		9 Drilled holes		
2 Louvered shutter 4 Key puncher SCREEN-PERFORATED INTERVALS: From			4 5			
	ft. to . ft. to . 2 Cement grout	3 Bento	ft., Fror	n Other	. ft. to	
What is the nearest source of possible contamin	ation TREATING CON PA	NO TH			14 Abandoned water well	
1 Septic tank 4 Lateral lines	7 Pit privy	9.,	11 Fuel:	storage	15 Oil well/Gas well	
2 Sewer lines 5 Cess pool	8 Sewage lag	oon	12 Fertilizer storage 16 Other specify below)			
3 Watertight sewer lines 6 Seepage pit	9 Feedyard	•	13 Insec	ticide storage	UPSTEFACILITY	
Direction from well?				ny feet? Paraoc.		
	DLOGIC LOG	FROM	ТО	LITHO	DLOGIC LOG	
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				77000		
CONTRACTOR'S OR LANDOWNER'S CER- completed on (mo/day/year) Water Well Contractor's License No. under the business name of INSTRUCTIONS: Use typewriter or ball point pen three copies to Kansas Department of Health and OWNER and retain one for your records.	This Water V COUSTIGNATION ZON PLEASE PRESS FIRMLY AR	Vell Record wa :∵ nd <i>PRINT</i> clearl	and this reco as completed by (signal ly. Please fill in	rd is true to the best of on (mo/day/yr) . The ture) ture)	ny knowledge and belief. Kansas	