1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: 5 edgwork	NW NESESE 201/4 1/4 1/4	19	26	1E
Distance and direction from n	mearest town or city stree	t address of well if		
4744 Sull	Wan Rd		ALCOHOL STATE OF THE STATE OF T	
2 WATER WELL OWNER: Dorn	ald MHendrick	L S		
RR#, St. Address, Box #: 47 City, State, ZIP Code : Wid	chila, no 61207	Application N		Water Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		30 ER LEVEL .!.		
N E N E	Domestic Irrigation 3 Feedlot 4 Industrial	5 Public Water Sup 6 Oil Field Water : 2 Lawn and Garden (8 Air Conditioning	Supply 10 Monitoring Only 11 Injection	g Well Well
S W S E	If yes, mo/day/yr s	eriological sample s ample was submitted. ted: YesNo.;		t? YesNoX.
S				
5 TYPE OF BLANK CASING USED:				
	Prought 7 Fibers Asbestos-Cement 8 Concre			
Blank casing diameter Casing height above or bel	in. Was casing ow land surface. 40	pulled? Yes I nelowin.	No If yes, how i	much
6 GROUT PLUG MATERIAL: 1 Ne			4 Other	
Grout Plug Intervals: F	rom	., Fromft. to	oft., From	toft.
What is the nearest source	of possible contamination	n:		
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	age well l	ecify below)
Direction from well?	>0.u.[h	How many feet?	20	
	PLUGGING MATERIALS			
6' 3' Cen	nen4 Grout			
A	- 176 a - 10 - 176			
	1.00			
7 CONTRACTOR'S OR LANDOWNER' on (mo/day/year)	cense No	This Water Well	Record was completed	on (mo/day/year)
INSTRUCTIONS: Use typewriter				

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.