1 LOCATIO	N OF WATE	R WELL:	Fraction (1)	NVD	Section Number	Township Number	Range Number
County:	Sed au	UICE	Sun 21/4	1/4	19	26S	16
Distance a	nd Wirect	ion from near	rest town or city	street	address of well if	located within city?	
2 WATER W	ELL OWNER	tarimin	es	1 00	Λ		
RR#, St. A City, Stat	ddress, Bo	ox #: 199 de : Wri	S. Southwa Wita, KS 167	213 213	Board of Agric Application No	culture, Division of U umber:	Water Resources
	ILL'S LOCA IN SECTION		4 DEPTH OF WE	IC WATER	LEVEL 14	ft.	
w X	W		WELL WAS US 1 Domest 2 Irriga 3 Feedlo 4 Indust	ic : tion (5 Public Water Sup 6 Oil Field Water 9 7 Lawn and Garden 0 8 Air Conditioning	Supply 10 Monitoring Only 11 Injection	g Well Well
s	w s	S E	If yes, mo/day	y/yr samq		ubmitted to Departmen	t? YesNoX
5 TYPE OF	BLANK CA	SING USED:	· · · · · · · · · · · · · · · · · · ·				
	4 ABS	6 Asb	estos-Cement 8		e Tile	(specify below) No If yes, how a	much 34
∟ Grout P	lug Inter		n.14. ft. to.3		3 Bentonite Fromft. to	4 Other	
1 Sep 2 Sew 3 Wat 4 Lat	tic tank er lines	ewer lines	f possible contam 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 12 13	Fuel storage Pertilizer storag Insecticide stora Abandoned water w Oil well/Gas well	age well	aed.
Directi	on from we	ell?		Но	ow many feet?		
FROM	то	PLI	JGGING MATERIALS				
34	14	gra	vel				
14	3	Cl	nort		_		
			- /		1		
3	O	+6	psoul				
─ on (mo/ Water W	day/year).	actor's Licer	99and this	record	is true to the bes	nder my jurisdiction a st of my knowledge and Record was completed	d belief. Kansas
INSTRUCT	IONS: Use	typewriter or	hall point pen Plea	se press f	irmly and print clear	ly. Please fill in blanks.	underline or circle

INSTRUCTIONS: Use typewriter or ball point pent. 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.