1 LOCATIO	ON OF WATER	R WELL:	Fraction		Section Number	Township Number	Range Number	
County:	Allen	1	S= 1/4	1/4 SEA/4	26	26	19E	
112.	mile	In An	1 Oct	solin Do	I 8 miles we	located within city? est of Savon	burg, KS	
2 WATER I	WELL OWNER:	Esti	& Coto	tee			<del></del>	
RR#, St. / City, Sta	Address, Bo te, ZIP Coo	ox #: Roc de : Sav	tel,	62 LK566	Board of Agric 77Z Application No.	culture, Division of umber:	Water Resources	
3 MARK WI AN "X"	WATER WELL OWNER: Eatel Cottle  R#, St. Address, Box #: Fourte 1,62 Board of Agriculture, Division of Water Resources ity, State, ZIP Code: Savonburg, KS 6677Z Application Number:  MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVELft.							
				WAS USED AS:	-1\ L.L.YL.L.,	*****		
W	W		3	Domestic Irrigation Feedlot Industrial	5 Public Water Sup 6 Oil Field Water S 7 Lawn and Garden ( 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection	g Well Well	
s	W		Was a	, mo/day/yr sa	ample was submitted.		t? YesNo	
	s s		Water (	Well Disinfect	ted: Yes No			
5 TYPE OI	F BLANK CAS	SING USED:	<u>L</u>					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile #								
Blank o Casing	tecasing diam height abo	neter. 8 //s ove or below	in. land surfa	Was casing pace. At lar	oulled? Yes!	No If yes, how	much	
		AL: 1 Neat		2 Cement grou		4 Other		
	Plug Interv			contamination		y		
1 Sep 2 Seu 3 War 4 Lar	otic tank Wer lines tertight se teral lines		•		11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water of 15 Oil well/Gas wel	16 Other (sp ge age well l	ecify below)	
Direct	ion from we	ell?	outh.		How many feet?		( 5	
FROM	то	# / PL	JGGING MATI	ERIALS	7#2		= 3	
20	/ร	Grave	l		30 - 20 th	avel 60.	- 56 parac	
15	5	Subsi	oil		20 - 5 &	Assil 56	- 6 picc-	
5	4.5 Bentenite				_5-4,5 B	entenite 6.	- 56 sand - 6 subsoil - 3 Bentonite Surface Jopso	
4.5	Surface	Jopso	il.		_20 - 5 Au _5 - 4.5 B _45-Surface.	Ispacil 3-	Surface Jopes	
			150000000					
─ on (mo, Water \ \alpha	/day/year). Well Contra - 19- 95	actor's Lice	nse No under #h#	and this reco business name	rd is true to the bear This Water Weller of	nder my jurisdiction st of my knowledge an Record was completed	d belief. Kansas on (mo/day/year)	
INSTRUCTIO	ONS: Use a	ypewriter o	r ball poi	nt pen. Pleas	se press firmly and p	print clearly. Pleas	e fill in blanks,	

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.