1 LOCATION OF	E HATED HELL.	Engation	Section Number	Tourship Number	Donne Number	
LOCATION OF WATER WELL:		Fraction 1/2 1/4 1/4 1/4	Section Number	Township Number	Range Number	
Distance and direction from nearest town or city street address of well if located within city?						
2 miles West of Elsmore, Kansas  2 WATER WELL OWNER: J. Edward Swanson  RR#, St. Address, Box #: Route 1, Box 60  Board of Agriculture, Division of Water Resources City, State, ZIP Code: Elsmow, Kansas 66732 Application Number:						
Route 1, Box 60						
RR#, St. Address, Box #: Fource / Flament Board of Agriculture, Division of Water Resources City, State, ZIP Code: Flament France 6673-Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 9.2						
AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL						
<sub>     </sub>		WELL WAS USED AS:				
N W-	N E	① Domestic 2 Irrigation		oly 9 Dewatering Supply 10 Monitoring		
W			7 Lawn and Garden (	Only 11 Injection 12 Other		
		- Triadoci idi	o Am conditioning	in ochorini		
s W						
	If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes No						
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass Other (specify below)						
Blank casing diameterin. Was casing pulled? Yes No If yes, how much						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
Paewer lines 7 Pit privv 12 Fertilizer storage						
4 Lateral lines 9 Feedyard 14 Abandoned water well						
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? North cast How many feet? 80						
FROM 1	FROM TO PLUGGING MATERIALS					
9.2 4	1.5 Jap s	oil.				
4,5	O Sub	nail				
1100	Jun					
	, ,					
	(Waler)	pumped out				
		The state of the s				
		Andrew .				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 2/.7/						
Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)						
by (signature) Jany under the business name of J. Edurand Lurano						
INSTRUCTIONS: Use typewriter or ball point pen. 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: 913/296-3565. Send one to Water Well Owner and retain						
one for your records.						