		WAILN	2	101111 11110 01	10/1 024 1212	
1 LOCATI	ON OF WATE	R WELL:	Fraction SW SW	Section Number	Township Number	Range Number
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Ruth Edwards Trust O						
RR#, St. Address, Box #: 3500 N. ROCKER Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wicker & G726 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
N WELL'S STATIC WATER LEVEL						
W X	W	N E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Sup 6 Oil Field Water 7 Jawn and Garden 8 Air Conditioning	Supply 10 Monitori Only 11 Injectio	ng Well n Well
Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes						
5 TYPE OF BLANK CASING USED: Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameterin. Was casing pulled? Yes No If yes, how much						
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:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? How many feet?						
FROM	то	PLL	GGING MATERIALS			
_30	10	gra	vel			
10	2	0000	0 11-			
10			NIVI -			
3	\bigcirc	TOP	SOU			
				_		
Z CONTRA	CTOB/S OB	I ANDOUNED (S. C.	PERTIFICATION This water		nder my jurisdiction	and was completed
Water	,	actor's Licer	ERTIFICATION: This water and this reconse No	This Water Well	Record_was complete	d on (mo/day/year)

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.