

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: Sedgwick	NE 1/4 NE 1/4 NE 1/4	5	T 27 S	R 1 EW

2	WATER WELL OWNER:	Kathleen Dole-Airoldi	
	RR#, St. Address, Box # :	13 Balclutha Drive	Board of Agriculture, Division of Water Resources
	City, State, ZIP Code :	Corte Madera, Ca 94925	Application Number:

4) DEPTH OF COMPLETED WELL.....20.....ft. ELEVATION:.....NA.....ft.

Depth(s) Groundwater Encountered 1. 12.....ft. 2.ft. 3.ft.

WELL'S STATIC WATER LEVEL.....12.58.....ft. below land surface measured on mo/day/yr.....12-27-93

Pump test data: Well water wasft. after hours pumpinggpm

Est. Yieldgpm: Well water wasft. after hours pumpinggpm

Bore Hole Diameter 7 5/8.....in. to.....20.....ft., and.....in. to.....ft.

WELL WATER TO BE USED AS:

1 Domestic	3 Feedlot	6 Oil field water supply	9 Dewatering	12 Other (Specify below)
2 Irrigation	4 Industrial	7 Lawn and garden only	10 Monitoring well	

Was a chemical/bacteriological sample submitted to Department? Yes.....No ^X.....; If yes, mo/day/yr sample was submitted

Water Well Disinfected? Yes.....No ^X.....

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From 0 ft. to 6 ft., From 6 ft. to 8 ft., From ft. to ft.
What is the nearest source of possible contamination:
1 Septic tank 4 Lateral lines 7 Pit privy 10 Livestock pens 14 Abandoned water well
2 Sewer lines 5 Cess pool 8 Sewage lagoon 11 Fuel storage 15 Oil well/Gas well
3 Watertight sewer lines 6 Seepage pit 9 Feedyard 12 Fertilizer storage 16 Other (specify below)
Direction from well? in excavation 13 Insecticide storage
How many feet? 0

[illegible]

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.