1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: A+chison	NE 1/4 1/4 1/4	1	6	206
Distance and direction from nearest town or city street address of well if located within city?				
200 Et. East				
WATER WELL OWNER:				
RR#, St. Address, Box #: City, State, ZIP Code: Board of Agriculture, Division of Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL. 20ft.				
×	WELL WAS USED AS:			
	1 Domestic	5 Public Water Supp	oly 9 Dewatering	g
	2 Irrigation 3 Feedlot	6 Oil Field Water S		
W	E 4 Industrial	7 Lawn and Garden (8 Air Conditioning	12 Other	
				6 0
S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted				
	Water Well Disinfect	ted: Yes No.	<u></u>	
S				
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)				
Blank casing diameter. 2in. Was casing pulled? Yes. 1. No If yes, how much. 25				
Blank casing diameterin. Was casing pulled? Yes No If yes, how muchin. Casing height above or below land surfacein.				
6 GROUT PLUG MATERIAL: 1 Neat cement ement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From.25.ft. to.3ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	∳ Fuel storage	16 Other (spe	ecify below)
<pre>2 Sewer lines 3 Watertight sewer lines</pre>	7 Pit privy 12 Fertilizer storage 8 Sewage lagoon 13 Insecticide storage			
4 Lateral lines 9 Feedyard 14 Abandoned water well		iell		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? How many feet?				
FROM TO PLU	JGGING MATERIALS			
25 3 Portland	Bentance OSO	w		
	/			
		_		
7 0017010000				
7 CONTRACTOR'S OR LANDOWNER'S (on (mo/day/year)	. 7. P and this recor	d is true to the bes	t of my knowledge and	belief. Kansas
Water Well Coptractor's Licer	ise No	This Water Well	Record was completed	on (mo/day/year)
by (signature)	d. Dusgities.			
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please 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.