1 LOCATIO	ON OF WATER WE	LL:	Fraction	Section Number	Township Number	Range Number	
County:	Trego	:	SW 1/4 SW 1/45B1/4	25	115	240	
Distance and direction from nearest town or city street address of well if located within city?  1st street + old Huy 40 - Go 2m West on Old 40 Then 2m North Then 2m North Then 2m West on Old 40 Then 2m North Then 2m West on Old 40 Then 2m North Then 2m West on Old 40 Then 2m North Then 2m Nor							
/57 ST	rect 4 old	Hwy 4	0-60 2m Wes	TON OH 40	Then 2 m North	Then 3 m	
WATER V	WELL OWNER:	verry	Milland	Then	North INTO	yand	
RR#, St. Address, Box #: RR-)  City, State, ZIP Code: Wakerey KS 67672  Board of Agriculture, Division of Water Resources  Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS:				
N	w	1 E	Domestic	5 Public Water Sup			
			2 Irrigation 3 Feedlot	6 Oil Field Water 7 Lawn and Garden	Only 11 Injection	Well	
W		E	4 Industrial	8 Air Conditioning	12 Other		
S W————————————————————————————————————							
If yes, mo/day/yr sample was submitted							
L	Water Well Disinfected: Yes. X. No						
Stee 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes No							
Casing	height above	or below	land surface	in.	-		
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From. 6.ft. to./.2.ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
	otic tank		6 Seepage pit				
			7 Pit privy 8 Sewage lagoon	12 Fertilizer stora 13 Insecticide stor			
I .	teral lines ss Pool		9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas wel			
Direction from well?							
FROM							
96	88	Wesh	Sænd				
88	16	Class	1 54 Soil				
16	8	Bent					
8	62	, ,	ent Plus				
61	0						
02		501	1 (1)				
				$\dashv$			
7 CONTRAC	CTOR'S OR LAND	OWNER'S C	ERTIFICATION:This water		nder my jurisdiction	and was completed	
	day/year)	or/e licen	and this reco	rd is true to the be	st of my knowledge an	nd belief. Kansas	
on (mo/day/year)							
by (signature)							

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.