1	LOCAT	ION OF WATE	R WELL:	Fraction 1	Section	Number	Township Number	Range Number	
ب c₀	ounty:	SALI	n) 5	151, 1/2 NW/4 NW/4	2	$\checkmark$	14	300	
				or city street address of well if I	ocated within	city?			
727 HIGHLAND AU.									
2	WATER WELLOWNER: CARRIE GILLILAND								
J	RR #, St. Address, Box #: 727 HICHLAND AV Board of Agriculture, Division of Water Resources City, State, ZIP Code: JALINA KI 6740 Application Number:								
3		WELL'S LOCA		4 DEPTH OF WELL	53	ft			
	AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL 3.5 ft.								
	×			WELL WAS USED AS:					
w	N	w	— N E —————————————————————————————————	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	6 Oil F 7 Dom	ic Water Supp Field Water Su Testic (Lawn & Conditioning	ppły 10 Monito Garden) 11 Injectio	ering vring Well on Well	
	s	w	— S E ——		Vas a chemical / bacteriological sample submitted to Department?Yes				
		s		Water Well Disinfected:		No			
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
Blank casing diameter								uch	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other									
2 1-2									
What is the nearest source of possible contamination:							,		
1 Septic tank				6 Seepage pit		11 Fuel storage 16 Other (specify below)			
		ewer lines /atertight sewer lines		<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>		ertilizer storag secticide stora		••••••	
4 La		iteral lines		9 Feedyard	14 AI	pandoned wate	er well		
		ess Pool tion from we	II? WE	10 Livestock pens	15 O 	il well/Gas wel			
F	FROM	то	PLU	JGGING MATERIALS					
			0000	02-110-1	2				
	3	20	UENT	ONITE HOLE	LUS				
		_							
7	on (mo	AACTOR'S (/day/year) /ell Contractor ature)	r's License No	ER'S CERTIFICATION: THE	is water we and this	Il was plugge record is true This	ed under my jurisdictior to the best of my knowle Water Well Record was com	dge and belief. Kansas	
IN	ISTRUCT	ΓΙΟΝS: Use	typewriter or b	all point pen. Please press	irmly and pri	nt clearly. Plea	ase fill in blanks. underlir	ne or circle the correct	
ar	nswers. S	Send top the	ree copies to K	Kansas Department of Hea Vater Well Owner and retain o	Ith and Env	ironment, Bur	reau of Water, Topeka,	Kansas 66620-0001.	