1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Russell	SE 1/4 NW1/4 SE 1/4	22	15	12
Distance and direction from near	and the state of t	address of well if	located within city?	
4 miles NE Bea	vew			
2 WATER WELL OWNER: PF:56. RR#, St. Address, Box #: PR4	er Uros, - Box Hoy H	A STATE OF THE STA		
City, State, ZIP Code : Gre	at Bend, Ko 67	Application No	culture, Division of Amber:	Water Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL			
N	WELL'S STATIC WATE	R LEVEL	. f	
	WELL WAS USED AS:			
N W N E	1 Domestic	5 Public Water Supp	oly 9 Dewaterin	g
	3 Feedlot	7 Lawn and Garden (Supply 10 Monitorin Only 11 Injection 12 Other	Well
	4 moustriat	8 ATT CONDITIONING	12 Uther	7 1 2
s w - s E		riological sample su	ubmitted to Departmen	t? YesNo.Ҳ
	If yes, mo/day/yr sa Water Well Disinfect		X	
s	Water Well Disinfect	ed: Yes. 447 No		
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrou		lass 9 Other (specify below)	
[1] · · · · · · · · · · · · · · · · · · ·	stos-Cement 8 Concre			1.
Blank casing diameter. 5 Casing height above or below	in. Was casing p	ulled? Yes N 3(in.	o.≍ If yes, how	nuch
6 GROUT PLUG MATERIAL: 1 Neat		t 3 Bentonite	4 Other	
Grout Plug Intervals: From	./H.ft. to .3ft.	Fromft. to	ft., From	toft.
What is the nearest source of	possible contamination			
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy	12 Fertilizer storag 13 Insecticide stora	e <i>N. c</i>	
4 Lateral lines	9 Feedyard	14 Abandoned water w 15 Oil well/Gas well	ell	
Direction from well?		How many feet?		
	GGING MATERIALS			
20 14 05 50				
20 17 JA		4		
14 2 01 DEV	ton.te	\neg $\mathbf{p}_{\mathbf{L}}$	CEIVE	
$S \mid O \mid C \mid c$	ey		CEIVE)
			## A	
			IUL 1 9 1999	
	Joseph San Carrier			
		BURE/	AU OF WATER	1
7 CONTRACTOR'S OR LANDOWNER'S CI on (mo/day/year):	and this recor	d is true to the bes	t of my knowledge and	d belief. Kansas
Water Well Contractor's Licen	under the business name	of .F.F.S.T.	Record was completed	on (mo/day/year)
by (signature)	13. 13 guru			
INSTRUCTIONS: Use typewriter or underline or circle the correct of	enswers. Send top three	e copies to Kansas D	epartment of Health a	and Environment,
Bureau of Water, Topeka, Kansas one for your records.	66620-0001. Telephone	: 913/296-3565. Se	nd one to Water Well	Owner and retain