

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: <i>McPherson</i>	<i>NW 1/4 NW 1/4 SW 1/4</i>	<i>35</i>	T <i>20</i> S	R <i>2</i> <i>EW</i>

4 1/2 N Moundridge

RR#, St. Address, Box # : RR4 Box 88A
City, State, ZIP Code : Galva, KS. 67443

Board of Agriculture, Division of Water Resources
Application Number:

WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well

Was a chemical/bacteriological sample submitted to Department? Yes.....No X....., if yes, no/day yr sample was submitted

Water Well Disinfected? Yes X No

ON MATERIAL: 7 PVC 10 Asbestos-cement

Mill slot	6 Wire wrapped	9 Drilled holes
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From 23 ft. to 33 ft. From _____ ft. to _____ ft.

From 20 ft. to 60 ft. From _____ ft. to _____ ft.

cement	2 Cement grout	3 Bentonite	4 Other
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contamination: 10 Livestock pens 14 Abandoned water well

7 Fuel pit	11 Fuel storage	15 Oil well/gas well
8 Sewage lagoon	12 Fertilizer storage	16 Other (specify below)

How many feet? 150 *

[illegible]

Sand							
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ium Sand			
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[illegible][illegible]

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[illegible][illegible]

19-01
H/S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was
and this record is true to the best of my knowledge and belief. Kansas

This Water Well Record was completed on (mo/day/yr) 11/20/20

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, Topeka, Kansas 66620-7320. Telephone: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.