

3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF COMPLETED WELL.....20..... ft. ELEVATION:

5 TYPE OF BLANK CASING USED:		5 Wrought iron	8 Concrete tile	CASING JOINTS: Glued Clamped	
1 Steel	3 RMP (SR)	6 Asbestos-Cement	9 Other (specify below)	Welded	
② PVC	4 ABS	7 Fiberglass		Threaded X	
Blank casing diameter 2 in. to 10 ft., Dia			 in. to ft., Dia	
Casing height above land surface 0 in.		weight		lbs./ft. Wall thickness or gauge No. . . . sch 40	

SCREEN OR PERFORATION OPENINGS ARE:

1 Continuous slot	3 Mill slot	5 Gauzed wrapped	8 Saw cut	11 None (open hole)
2 Louvered shutter	4 Key punched	6 Wire wrapped	9 Drilled holes	
		7 Torch cut	10 Other (specify)	

6] GROUT MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other
Grout Intervals: From... 0 ... ft. to ... 6 ... ft., From ... 6 ... ft. to ... 8 ... ft., From ... ft. to ... ft.

Direction from well? Northwest

7] CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) 10-20-94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 527. This Water Well Record was completed on (mo/day/yr) 10-24-94 under the business name of GeoCore Services, Inc. by (signature) Dale Ebb

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: 913-296-5545. Send one to WATER WELL OWNER and retain one for your records.