1 LOCATIO	N OF WATER WELL:	Fraction	Section Number	Township	Number	Range Number
County:	RENO	SW1/4SE1/4 NW/4	6	23	S	6 W
Distance a	nd direction from ne	arest town or city stree	t address of well if	located wit	hin city?	
2 WATER W	ELL OWNER:	WMA DEAN]			
 RR#, St. A	ddress, Box #: 2-3	HIMSON KS 675	Board of Agric		rision of 1	Water Resources
	LL'S LOCATION WITH IN SECTION BOX: N W N E	WELL'S STATIC WATE WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedtot 4 Industrial Was a chemical/bact If yes, mo/day/yr s	ER LEVEL	ply 9 Supply 10 Only 11 12 ubmitted to	Dewaterin Monitorin Injection Other Departmen	g Well Well
	S	Water Well Disinfec	ted: Yes. No	• • • • • • • • • • • • • • • • • • • •		
1 Steel 2 PVC Blank c Casing	4 ABS 6 As asing diameter/.2 height above or belo	w land surface3.6.	ete Tile pulled? Yes		yes, how	****
Grout P	lug Intervals: Fr	t cement 2 Cement gro om. 7.2.ft. to. 3ft of possible contaminatio	., Fromft. t			toft.
2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard			11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	ge age well l		ecify below)
Directi	on from well?	N	How many feet?	1.5.m.	ile.	
FROM		LUGGING MATERIALS				
28'4"	7'2" chlori	nated Road Gr	wel Ccleaned			
7'2"	3' Bent	onite				
3'	O' BACK	FILL- NATINES	0168			
by (sig	mature) Emmale ONS: Use typewriter	CERTIFICATION: This water and this recommense No	This Water Well The of	Print clear	completed	on (mo/day/year)

INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> 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.