1	LOCATIO	N OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number	
County: Edwards			ls .	1/4 NC 1/4 SW 1/4	.32	24	17	
Distance and direction from nearest town or city street address of well if located within city?								
1	1 1/8 South, 1 3/4 East of Lewis, Ks.  2 WATER WELL OWNER: Mull Farms							
RR#, St. Address, Box #: Rt 1  City, State, ZIP Code: RXX Pawnee Rock, ks  Board of Agriculture, Division of Water Resources Application Number:								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
WELL'S STATIC WATER LEVEL45ft.								
				WELL WAS USED AS:	WELL WAS USED AS:			
w	N	N		1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other				
	s	€ <del>-</del>	s E	Was a chemical/bacteriological sample submitted to Department? YesNo $X$ If yes, mo/day/yr sample was submitted				
		S		Water Well Disinfec	ted: Yes No	۸		
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 diameter16in. Was casing pulled? Yes NoX If yes, how much Casing height above or below land surface12in.								
							much	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 <u>Cement grout</u> 3 Bentonite 4 Other							
What is the nearest source of possible contamination:								
	1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool			6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	12 Fertilizer stora	geÑÒIÌÈ age	pecify below)	
	Directi	on from w	from well? How many feet?					
	FROM TO PL		UGGING MATERIALS					
	79 46 Gravel		Gravel					
	46	3	Cement					
_								
_								
_	<u> </u>				_			
7	on (mo, Water )	(day/year) (ell_Contr (=03 gnature) .	actor's Lice	CERTIFICATION: This water and this reconse No.	rd is true to the be This Water Well e ofRosencra	st of my knowledge a Record was complete ntz-Bennis	nd belief. Kansas d on (mo/day/year)	
IIN	INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle							

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.