one for your records.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: KEARNY	NE 1/4 SW1/4 SW1/4	34	25	35
Distance and direction from nearest town or city street address of well if located within city?				
11 MILES SW OF DEERFIELD 2 WATER WELL OWNER: ROBERT AKERS				
RR#, St. Address, Box #: P.O. Box 1611  Board of Agriculture, Division of Water Resources				
City, State, ZIP Code : GARDEN CITY, KS 67846 Application Number:				
MARK WELL'S LOCATION WITH	4 DEPTH OF WELL		ft.	
WELL'S STATIC WATER LEVEL209ft.				
X WELL WAS USED AS: 2				
N W E	1 Domestic			
	3 Feedlot	7 Lawn and Garden C	Supply 10 Monitoring 11 Injection	
W E	4 Industrial	8 Air Conditioning	12 Other	
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		
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 diameter				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 sentonite 4 Other				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage				
3 Waterlight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well				
5 Cess Pool 10 Livestock pens (5)Oil well/Gas well				
Direction from well? 50 How many feet? 25				
FROM TO PLU	GGING MATERIALS			
255 209 Chlore	NATED SAND			3
209 6 SUBS	ail			
10 3' BEUTOI	DITE-Mushen	n Plug		
3' O' TOPSOI		0		
7 CONTRACTOR'S OR LANDOUNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
on (mo/day/year)and this record is true to the best of my knowledge and belief. Kansas Water Well Record was completed on (mo/day/year)				
by (signature) Kohat Hens by Jan (may)				
INSTRUCTIONS: Use typewriter or ball point pen. Please tress 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: 913/296-3565. Send one to Water Hell Owner and retain				