1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: KEARNY	UE1/4 SE1/4 DE1/4	.31	25	38(1)
Distance and direction from nea	1	t address of well if	located within city?	
2 WATER WELL OWNER: DELSO RR#, St. Address, Box #: R4 City, State, ZIP Code :	BOY 75 4 DEPTH OF WELL WELL'S STATIC WATE WELL WAS USED AS: 1 Domestic 2 Irrigation	Application Nu	ft. ft. oly 9 Dewaterin Supply 10 Monitorin	ng ng Well
S W S E	Was a chemical/bacte If yes, mo/day/yr sa		12 Other	<i>\(\lambda</i>
5 TYPE OF BLANK CASING USED:				
PVC 4 ABS 6 Ast Blank casing diameter	in. Was casing,	ete Tile pulled? Yes N	(specify below)	much
Casing height above or below	tand surface	9 · · · · · · · · · · · · · · · · · ·		
6 GROUT PLUG MATERIAL: 1 Neat Grout Plug Intervals: Fro What is the nearest source of	om. 7.ft. to. 4ft.			
	7 Pit privy	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well How many feet?	ge age uell	ecify below)
	UGGING MATERIALS			
	INATED SAND	<u> </u>		
/ / / / / / / / / / / / / / / / / / / /	81L			
	WITE Plus			
#1 D' TOPSOI				
ONTRACTOR'S OR LANDOWNER'S on (mo/day/year)	ense No	This Water Well e of	Record was completed	l on (mo/day/year)
INSTRUCTIONS: Use typewriter ounderline or circle the correct				

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.