1 LOCATION OF WATER WELL: Fraction	Section Number	Township Number	Range Number
County: Has KeLL NE1/4 NE1/4	SE14 21	295	31W
Distance and direction from nearest town or city street address of well if located within city?			
2 WATER WELL OWNER: Emery Rehn  RR #, St. Address, Box #: HCKI Boxbon  City, State, ZIP Code: Subject, KS 67877 Application Number:			
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  WELL'S STAT  WELL WAS L  1 Dome  Irriga  3 Feed  4 Indus  Was a chemical If yes, mo/day/y	FIC WATER LEVEL 2. 6.8 ft.  USED AS:  Sestic 5 Public Water Supplication 6 Oil Field Water Supplication 7 Domestic (Lawn 8)	pply 10 Monito Garden) 11 Injection 12 Other and to Department?Yes	oring Well on Well
5 TYPE OF BLANK CASING USED:			
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			
FROM TO PLUGGING MATERIALS			
353 265 Grovel 265 7 Clay DIM 7 4 Bentonite 4 0 DiM			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year) by (signature) the business name of by (signature) the business name of by (signature) the point page Please proof firmly and print clearly. Please fill in blacks, underline 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.