Township Number LOCATION OF WATER WELL: Range Number Section Number 34 Distance and direction from nearest town or city street address of well if located within city? WATER WELL OWNER: Sawy er RR#. St. Address. Box # Board of Agriculture, Division of Water Resources City, State, ZIP Code : As Light LS 67831 Application Number:

3 LOCATE WELL'S LOCATION WITH 4 DEPTH OF COMPLETED WELL 6. ft. ELEVATION: Ν -NW WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well Domestic 9 Dewatering 6 Oil field water supply 9 Dewatering 12 Other (Specify below) 7 Domestic (lawn & garden) 10 Monitoring well 6 Oil field water supply 12 Other (Specify below) 3 Feedlot 2 Irrigation 4 Industrial Was a chemical/bacteriological sample submitted to Department? Yes No; If yes, mo/day/yrs sample was sub-SW-SE -Water Well Disinfected? Yes TYPE OF BLANK CASING USED: CASING JOINTS: Glued Clamped 5 Wrought iron 8 Concrete tile Welded 6 Asbestos-Cement 9 Other (specify below) 1 Steel 3 RMP (SR) **PVC** Threaded..... 7 Fiberglass Blank casing diameter TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 8 RMP (SR) 3 Stainless Steel 5 Fiberglass 11 Other (Specify) 1 Steel 6 Concrete tile 9 ABS 12 None used (open hole) 4 Galvanized Steel 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 5 Guazed wrapped 8 Saw cut 11 None (open hole) Mill slot 6 Wire wrapped 9 Drilled holes 1 Continuous slot 7 Torch cut 10 Other (specify)ft. 2 Louvered shutter 4 Key punched SCREEN-PERFORATED INTERVALS: **GRAVEL PACK INTERVALS:** 2 Cement grout Bentonite 4 Other..... 1 Neat cement Grout Intervals: From ________ft. to ________ft. to _______ft. to _______ft. to _______ft. What is the nearest source of possible contamination: 10 Livestock pens 14 Abandoned water well 15 Oil well/Gas well 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 16 Other (specify below) 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 9 Feedyard 13 Insecticide storage 3 Watertight sewer lines 6 Seepage pit Direction from well? How many feet? LITHOLOGIC LOG **FROM** PLUGGING INTERVALS **FROM** TO TO RECEIVED NOV 0 5 2004 BUREAU OF WATER CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was by (signature) 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