ID No. LOCATION OF WATER WELL: Section Number Fraction Township Number Range Number 32 Distance and direction from nearest town or city street address of well if located within city? LE from Englewood WATER WELL OWNER: Berry RR#, St. Address, Box # Board of Agriculture, Division of Water Resources AN "X" IN SECTION BOX: - NE -WELL WATER TO BE USED AS: 5 Public water supply 8 Air conditioning 11 Injection well **O** Domestic 9 Dewatering 3 Feedlot 6 Oil field water supply 12 Other (Specify below) 2 Irrigation 4 Industrial 7 Domestic (lawn & garden) 10 Monitoring well ...... Water Well Disinfected? Yes TYPE OF BLANK CASING USED: 5 Wrought iron 8 Concrete tile CASING JOINTS: Glued ..... Clamped ..... 3 RMP (SR) Welded ..... 1 Steel 6 Asbestos-Cement 9 Other (specify below) 4 ABS **B**PVC 7 Fiberglass Threaded ..... ..... .in. to \_\_\_\_\_\_\_ft., Dia \_\_\_\_\_\_\_in. to \_\_\_\_\_\_\_ft., Dia \_\_\_\_\_\_in. to \_\_\_\_\_\_ Blank casing diameter ...... TYPE OF SCREEN OR PERFORATION MATERIAL: 10 Asbestos-Cement 3 Stainless Steel 5 Fiberglass 8 RMP (SR) 1 Steel 11 Other (Specify) ...... 4 Galvanized Steel 6 Concrete tile 9 ABS 12 None used (open hole) 2 Brass SCREEN OR PERFORATION OPENINGS ARE: 8 Saw cut 5 Guazed wrapped 11 None (open hole) 6 Wire wrapped 9 Drilled holes Mill slot .... 1 Continuous slot 7 Torch cut 10 Other (specify) ......ft. 4 Key punched 2 Louvered shutter SCREEN-PERFORATED INTERVALS: **GRAVEL PACK INTERVALS: GROUT MATERIAL:** Bentonite 1 Neat cement 2 Cement grout 4 Other..... What is the nearest source of possible contamination: Abandoned water well 10 Livestock pens 1 Septic tank 4 Lateral lines 7 Pit privy 11 Fuel storage 15 Oil well/Gas well 2 Sewer lines 5 Cess pool 8 Sewage lagoon 12 Fertilizer storage 16 Other (specify below) 3 Watertight sewer lines 6 Seepage pit 9 Feedyard 13 Insecticide storage Direction from well? 5 How many feet? 2 6 **FROM** LITHOLOGIC LOG **FROM** PLUGGING INTERVALS TO 10

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was Constructed, (2) reconstructed, or (3) 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 Licence No This Water Well Record was completed on (mo/day/yr) by (signature) 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