1 LOCATION OF WATER WELL:	Fraction NE SE NE	Section Number	Township Number	Range Number	
County:	1/4 5 1/4 1/4	32	5 5	3 W	
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: City of Concordia RR#, St. Address, Box #: Box 603 Board of Agriculture, Division of Water Resources					
RR#, St. Address, Box #: Bo City, State, ZIP Code : Con	ox 603 cordia, 160 669	Board of Agric	culture, Division of umber: 624	Water Resources	
RR#, St. Address, Box #: Box 603 City, State, ZIP Code: Concordia, h5.6690/ Application Number: 694 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N Board of Agriculture, Division of Water Resources Application Number: 694 Application Number: 694 WELL'S STATIC WATER LEVEL					
WELL WAS USED AS:					
N W N E	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other				
Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted					
S	Water Well Disinfec	ted: Yes. 5 No			
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/2 Casing height above or below	in. Was casing valued surface3.6	pulled? Yes in.	No If yes, how	much	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From.//25ft. to3ft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
	6 Seepage pit 7 Pit privy	11 Fuel storage	age well	pecify below)	
Direction from well? East					
	UGGING MATERIALS	MACCHINE (1997)		:	
	. 0 . 1	and an extended an extended and an extended an extended and an extended and an extended an extended an extended and an extended an extended and an extended and an extended an extended and an extended an extended and an extended an extended an extended and an ext			
105 11.5 Chloris					
11.5 3 Ceme	nt Grout				
7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year)	CERTIFICATION: This water 95 and this recommens No	This Water Well ne of	nder my jurisdiction st of my knowledge ar Record was completed	and was completed nd belief. Kansas d on (mo/day/year)	
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,					

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.