			WELL HECORD	Form www					
LOCATION OF WATE	ER WELL:	Fraction	15	Se	ction Number		Number	Range	Number
ounty: / H	1		NE VA S		<u> </u>	<u> </u>	S	R - 글	/ E/W
stance and direction f				ted within city?					
I	M REXTOI	ZD KS							
WATER WELL OWN	- CO/1	TBLE							
R#, St. Address, Box			_			Board of	Agriculture, D	ivision of W	ater Resource
y, State, ZIP Code	REXFOR	ed KS	67753			Application	n Number:		
LOCATE WELL'S LO AN "X" IN SECTION N	CATION WITH 4 D		OMPLETED WELL.						
TYPE OF BLANK CA  1 Steel 2 PVC ank casing diameter sing height above lar PE OF SCREEN OR 1 Steel 2 Brass	ASING USED:  3 RMP (SR)  4 ABS  1 PERFORATION MA 3 Stainless stee 4 Galvanized st ATION OPENINGS A 3 Mill slo 4 Key pu	Pump Yield	n., weight 5 Fiberglass 6 Concrete tile 5 Gau 6 Wir	ater was ater was 5 Public wat 6 Oil field wa 7 Lawn and e submitted to D  8 Concit 9 Other 7 P\ 8 Ri 9 AE	t	after	hours pun hours pun hours pun in. g 11 li 12 C vell in; If yes, ed? Yes DINTS: Glued Welde Threac in or gauge No bestos-cemer her (specify) one used (ope	nping	gpn gpn file
	• •						• .		
HEEN-PEHFOHATE									
GRAVEL PAC			ft. to						
		rom	ft. to		ft., Fro				ft
GROUT MATERIAL:	1 Neat ceme	nt 🗻 (2	Cement grout	3 Bente	onite 4	Other			
out Intervals: From	1 <i>(ø</i> ft. to	o <i>O</i>	ft., From	ft.	to	$\dots . \   \text{ft.,} \   \text{From} \; .$		. ft. to	
at is the nearest sou	urce of possible conta	amination:			10 Live:	stock pens	14 Ab	andoned wa	ter well
1 Septic tank	4 Lateral line	es	7 Pit privy		11 Fuel	storage	15 <b>O</b> il	well/Gas we	ell
2 Sewer lines	5 Cess pool		8 Sewage la	agoon	12 Ferti	ilizer storage	16001	ner (specify	below)
	er lines 6 Seepage p		9 Feedvard	.goon		cticide storage		ATOR	D0.011)
-	WES		3 i <del>oo</del> uyaiu			· , ,	•	// ./. F. /. C.	
ection from well?			<u> </u>	FROM		any feet?	4 MILE	0100	
ROM TO		THOLOGICT		FROM	то		LITHOLOGI	C LOG	
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00 6	CLAY						·		
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	R LANDOWNER'S C	ERTIFICATIO							
mpleted on (mo/day/y		1.1488				ord is true to the b			belief. Kansa
iter Well Contractor's	License No		This Water	Well Record wa	as completed	on (mo/day/yr) .	4-22	<u>~8.8</u>	
ler the business nam					by (signa	#17	nt/11	1. 10.	100
NSTRUCTIONS: Use typ	newriter or ball point pen.	PLEASE PRESS	S FIRMLY and PRINT c	learly. Please fill in	blanks, underlii	ne or circle the correc	t answers. Send	top three copi	es to Kansas
Department of Health and ecords.	d Environment, Bureau of	f Water Protection	on, Topeka, Kansas 666	620-7320, Telepho	ne: 913-862-93	60. Send one to WAT	TER WELL OWN	IER and retain	one for your