1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
	1/4 1/4 1/4		\$	7-4	
Distance and direction from nea 150 ft 2 WATER WELL OWNER: DOT	rest town or city stree	t address of well if Main 150	located within city?	5th St Prio	Ka
2 WATER WELL OWNER: DOT	othy TAYI	2		7	•
RR#, St. Address, Box #: 421 W. main Board of Agriculture, Division of Water Resources City, State, ZIP Code: Paro Kee: KS67659 Application Number:					
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL		ft.		
N N	WELL'S STATIC WAT	ER LEVEL. 12	ft.		
	WELL WAS USED AS:				
W E	2 Irrigation	7 Lawn and Garden	Supply 10 Monitorin Only 11 Injection	g Well Well	
s Ws E		eriological sample s ample was submitted.	ubmitted to Departmen	t? YesNo.1.	
S	Water Well Disinfec	ted: Yes K No	• • • •		
5 TYPE OF BLANK CASING USED:		75-1			
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) © PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter	in. Was casing	pulled? Yes	No.♥ If yes, how	much 4. 5. 7	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout & Bentonite & Other					
Grout Plug Intervals: Fromft. toft., Fromft. toft., From					
What is the nearest source of possible contamination:					
<pre>€ Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool</pre>	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	age well L	ecify below)	
Direction from well? How many feet? 60 FT					
	UGGING MATERIALS				
52 45 Clear	Sornal				
7 Cemer	nf				
4 6 Cleon	DIM				
7 CONTRACTOR'S OR LANDOWNER'S ON (mo/day/year). Water Well Contractor's Lice by (signature). INSTRUCTIONS: Use cypewriter of	nse Nound this reco	ord is true to the be This Water Well me of	st of my knowledge ar Record was completed	d belief. Kansas on (mo/day/year)	
underline or circle the correct			Department of Health		

INSTRUCTIONS: Use typewriter or Mall point pen. <u>Rlease 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.