1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ottawa	14 14 SE 14	36	9	ļЧ
Distance and direction from nearest town or				
6 miles North of				
2 WATER WELLOWNER: Carroll	Righter trust	•		
RR #, St. Address, Box #: 833 N. City, State, ZIP Code : Min New	Rothsul Apt 6 LPOKS KS 674		Division of Water Resource	es
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	44 ft		
N	WELL'S STATIC WATER	R LEVEL ft.		
	WELL WAS USED AS:			
W N W	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water Su 7 Domestic (Lawn 8 8 Air Conditioning	pply 10 Moni Garden) 11 Inject	atering toring Well tion Well r
S W S E X		iological sample submitte le was submitted Yes No		No
5 TYPE OF BLANK CASING USED:	1	W		
	rought 7 Sibora	lana G Other (Specifi	, bolow)	
` '	rought 7 Fiberg bestos-Cement 8 Concre		, Delow)	
Blank casing diameterin. Casing height above or below land	Was casing pulled? surface	Yes No.	If yes, how	much 4 toot
	eat cement 2 Cement		Other	
Grout Plug Intervals: From	36 ft. to 40 ft	., From ft. to	oft., From	to 1
What is the nearest source of possi	ble contamination:			
1 Septic tank	6 Seepage pit	11 Fuel storage		specify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	<ul><li>12 Fertilizer storaç</li><li>13 Insecticide stor</li></ul>		••••••
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	<ul><li>14 Abandoned wat</li><li>15 Oil well/Gas we</li></ul>		
Direction from well? North		y feet?		
<u> </u>		y 100t:	••••••	
	GGING MATERIALS			
Bottom 36, Sand				
36' 40' Cemen	<i>t</i>			
40' 42' (ement	Lap out over	rasing		
	,			,
	•			
	· · · · · · · · · · · · · · · · · · ·			
7 CONTRACTOR'S OR LANDOWN on (mo/day/year) O.C.f/b./.29 Water Well Contractor's License No D.C.f28/2008	2008-07-152- business name of	and this record is true	e to the best of my knows: Water Well Record was c	rledge and belief. Kansas ompleted on (mo/day/year)
1		Complete and advantage of the Color	ana fill in blanka unda	

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.