1	H				raction	Section	n Number	Township	Number	Range Number	
Co	ounty:	ttaw	itonie	Sh	145E 4NE 1/4	6		105		10E	
Distance and direction from nearest town or city street address of well if located within city?											
WATER WELLOWNER: Cape											
2	WATER WELLOWNER: Cape										
	RR #, St. Address, Box #: City, State, ZIP Code :				Board of Agriculture, Division of Water Resources Application Number:						
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				DEPTH OF WELL						
					WELL'S STATIC WATER LEVEL ft. WELL WAS USED AS:						
	NW NE				1 Domestic 5 Public Water Supply 9 Dewatering						
					2 Irrigation	6 O	il Field Water Su	ipply	10 Monito	oring Well	
w	-		X	E	3 Feedlot 4 Industrial		omestic (Lawn & ir Conditioning	& Garden)	11 Injectio	test hole#10	
				l							
S W ———————————————————————————————————								No			
	<u> </u>	S		W	ater Well Disinfected:	Yes	No				
5	5 TYPE OF BLANK CASING USED:										
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameterin. Was casing pulled? Yes No If yes, how much										uch	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other										
Grout Plug Intervals: Fromft. toft., Fromft., Fromft., Fromft.,								to ft.			
What is the nearest source of poss											
	1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy		11 Fuel storage (16 other (specify below) (12 Fertilizer storage (15 other (specify below) (15 o				
	3 Watertight sewer lines			;	8 Sewage lagoon	13	Insecticide stor	age	7	,	
	4 Lateral lines 5 Cess Poot				9 Feedyard 10 Livestock pens	14 15	Abandoned wat Oil well/Gas we				
Direction from well? Direction from the properties of the											
	FROM	то			IG MATERIALS		J.7				
0 20		Bentonito									
_	<u> </u>	20	Den	TOD	,te						
_											
L											
-											
L											
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and on (mo/day/year)										n and was completed	
Water Well Contractor's License No									npleted on (mo/day/year)		
	by (signati	ure)	under	the bus	siness name of	TAULT.	www.	a. #^C	······································		
18	ISTDI ICTI	ONG: Use	typouriter	hall -	pint non Diagon arros 1	Senal: c = cl	print classific CI	ooo fill to bi-	الماميد ما	no as airele Men	
a	nswers. Se	nd top thre	ee copies to	Kansa	pint pen. <u>Please press f</u> as Department of Hea	Ith and E	nvironment, Bu	ease fill in blar ireau of Wate	iks, underli er, Topeka,	Kansas 66620-0001.	
Te	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.										