$\sqcup$	LOCATION OF WATER WELL:	Fraction	_	umber	Township Number	Range Number	
County: Wyandotte Co. 5W4 SE4 NW4 30 10 24 E							
Distance and direction from nearest town or city street address of well if located within city?							
3486 W. Drive KG, KS							
2 W	11111						
RR #, St. Address, Box #: 3488 W. Drive Board of Agriculture, Division of Water Resources City, State, ZIP Code: Korsas City, KS 6609 Application Number:							
3 1	MARK WELL'S LOCATION WITH	4 DEPTH OF WELL					
,   	AN "X" IN SECTION BOX:	WELL'S STATIC WATER WELL WAS USED AS:	R LEVEL	ft.			
	N W N E	1 Domestic	5 Public Wa	ater Suppl	y 9 Dewat	tering	
V		2 Irrigation 3 Feedlot	6 Oil Field ' 7 Domestic			oring Well on Well	
w <del>/</del>	E	4 Industrial	8 Air Condi				
		Was a chemical / hacter	iological sample	submitted	to Department?Ves	No.	
Was a chemical / bacteriological sample submitted to Department?Yes							
	s	water well disinfected:	105 NO	•••••			
5 TYPE OF BLANK CASING USED:							
 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes							
Casing height above or left we land surfacein.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout  Bentonite 4 Other							
Grout Plug Intervals: From							
v	What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below						ecify below)	
				er storage			
	4 Lateral lines	<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>		cide stora			
	5 Cess Pool	10 Livestock pens	15 Oil well	I/Gas well			
Direction from well? How many feet?							
FROM TO PLUGGING MATERIALS							
18' i Bentonite							
18' 1' Bentonite 1' 0' Grave 1							
	9 400						
			Ì				
_1							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No							
Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year)  Under the pusingss name of Shiphtly Environment of Shiphtl							
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.							

