KSA 82a-1212

1	1 LOCATION OF WATER WELL:			Fraction	Section	Number	Township	Number	Range Number
County: Wyndotte			He	NC 1/4 NC 1/4 NE 1/4		32	19	2	24 6
Distance and direction from nearest town or city street address of well if located within city?									
7525 LewenWorth RD Kansas CHy KS									
2	WATER WELLOWNER: CFR Auto RR #, St. Address, Box #: 7525 City. State. 7IP Code: Application Number: Application Number:								s
	T	tate, ZIP Code : tansas		1 1 2					
3	E .	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		DEPTH OF WELL	2	ft			
		N		WELL'S STATIC WATER	R LEVEL	ft.			
		N W — N E —		WELL WAS USED AS:					
	├ N			1 Domestic 5 Public Water Supply Q Dewatering					
				2 Irrigation 3 Feedlot		l Field Water Su pmestic (Lawn &			ring Well on Well
w	/		E	4 Industrial		Conditioning	darderi)		
Was a chemical / bacteriological sample submitted to Departme							ent?Yes	(N)	
If yes, mo/day/yr sample was submitted								•	
	Water Well Disinfected: Yes								
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 diameter									
L	7 5 44.5								
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)									ecify below)
2 Sewer lines			!:	7 Pit privy		Fertilizer storag	е		
3 Watertight sewer lines 4 Lateral lines			er lines	8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well					
5 Cass Pool 10 Livestock page 15 Oil well/Gas well									
Direction from well? Sent h East How many feet? \$80									
FROM TO PLUGGING MATERIALS									
7	7.51	4.51	Bentoni	te					
	7.51 4.51 Benforit			Gront					
-									
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				•	
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L	-								
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)									
Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)									
by (signature) David / Lury tu									
ı	NSTRUC1	TIONS: Use	typewriter or ba	all point pen. Please oress f	irmly and r	orint clearly. Plea	ase fill in blan	ks, underlin	ne 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.									