Distance and direction from nearest town or city street address of well if located within city?	
Distance and direction from nearest town or city street address of well if located within city?	r
Distance and direction from nearest town or city street address of well if located within city?	≥ w
(132)	
DIAMA CAL TIAM	
WATER WELL OWNER: GM COLP. FOUNTAK PETITE	
WATER WELL OWNER: GM COLO. Fairfax Plant RR #, St. Address, Box #: City, State, ZIP Code : Kansas Chy, Ks. Board of Agriculture, Division of Water Resources Application Number:	
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 3.3 ft.	
WELL'S STATIC WATER LEVEL 28, 6.6ft.	
WELL WAS USED AS:	
NW NE 1 Domestic 5 Public Water Supply 9 Dewatering	
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well	
W E 4 Industrial 8 Air Conditioning 12 Other	
SW SE Was a chemical / bacteriological sample submitted to Department? Yes	
If yes, mo/day/yr sample was submitted	
S Water Well Disinfected: Yes No	
5 TYPE OF BLANK CASING USED:	-
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile	
Blank casing diameter in. Was casing pulled? Yes X No	
CROUT BLUC MATERIAL: 1 Next coment 2 Coment grout A Rentonite A Other COMEN	
Grout Plug Intervals: From 35 to 2 ft., From 2 ft., From ft., From ft., From ft., From	ft.
What is the nearest source of possible contamination:	
1 Septic tank 6 Seepage pit 11 Fuel storage (16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage	
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well	
Direction from well? How many feet?	
FROM TO PLUGGING MATERIALS About Ground Well Protection remove	1
	u
Bentonite from 35'-2'	
cements from 2'-0'	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed (mo/day/year). 3.2.600	
Water Well Contractor's License No	ar)
by (signature) Charles Circle Dispess name of 36 Circle Dispess na	
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the corr	ect
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jacks St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.	on