KSA 82a-1212

1 LOCATION OF WATER WELL:				Fraction	Section	Number	Township	Number	Range	Number		
county: Shawnee SW4 NE14 SE14					30		11		16	€W		
Distance and direction from nearest town or city street address of well if located within city?												
02, 00. 1 3/VEN, 101ERT.												
2	WATE	R WELL OWN	NER: UNITO	Mc	Pacific Dermott gestreet, Room 9	_						
	RR #, St	t. Address, Bo ate, ZIP Code	0x #: 1416	Dode	gestreet, Room 93	O Board	d of Agriculture cation Number		ater Resourc	es		
3	City, State, ZIP Code: Omaha, NE 68179 Application Number: MARK WELL'S LOCATION WITH 4 DEPTH OF WELL											
		IN SECTION		-	WELL'S STATIC WATER LEVEL							
		N		1								
					WELL WAS USED AS:							
	NN	/	— NE	1	1 Domestic 2 Irrigation		Water Supply ld Water Supp		9 Dewaterii 10 Monitorin			
w				E	3 Feedlot 4 Industrial		stic (Lawn & G	arden)	11 Injection 12 Other			
	SW ————————————————————————————————————											
					Water Well Disinfected: Yes							
		S				0						
5	5 TYPE OF BLANK CASING USED:											
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile												
Blank casing diameter in. Was casing pulled? Yes No If yes, how much												
Casing height above or below land surface												
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Plug Intervals: From												
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)												
2 Sewer lines				6 Seepage pit 7 Pit privy	12 Ferti	11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 16 Other (specify below)						
3 Watertight sewer lines4 Lateral lines				8 Sewage lagoon 9 Feedyard		13 Insecticide storage 14 Abandoned water well						
5 Cess pool 10 Livestock pens 15 Oil well/Gas well												
Direction from well?												
FROM TO PLU					GING MATERIALS		NER DRIV	مليكان				
1	3	24.5	Bent	oni to	e Grout		NER DIE	20				
_	0	200 3	Mati	6	50.15	v	10					
			Nacri	<u> </u>	30113							
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed (mo/day/year)												
Water Well Confractor's License No. 5.79 This Water Well Record was completed on (mo/day/year)												
	by (sig	nature)						-				
INS	STRUCTI	ONS: Use t	ypewriter or	ball per	int pen. <u>Please press fir</u>	mly and print	clearly. Pleas	se fill in blanl	ks, underline	e or circle the	ne correct	
ans	swers. Se	nd top three	e copies to K	ansas	Department of Health a	nd Environme	ent, Bureau d	of Water, Geo	logy Section	n, 1000 SW	/ Jackson	

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.