1 L	OCATIO	N OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number
Coun	ty: h	له ۱۰۰	otte	NETISE 1/4 NW14	5	11	245
Dist	ance a	nd direct	ion from near	est town or city stree	t address_of_well if	located within city	?
Distance and direction from nealest town or city street address of well if located within city? 1700 N 30 Street KARRS C.H. KY. Idel 17							
2 WATER WELL OWNER: Pemberton Serier Cluing, LP RR#, St. Address, Box #: 815 S. Clnichane Sui Beard & Diriculture, Division of Water Resources							
RR#, St. Address, Box #: 815 S. Clarbane Su Beard & Driculture, Division of Water Resources City, State, ZIP Code: Druffe, KS. Welles Application Number:							
	3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.						
Γ *	AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELft.						
				WELL WAS USED AS:			
-	N .	W	N_E	1 Domestic	5 Public Water Sup		
	ļ			2 Irrigation 3 Feedlot 4 Industrial	7 Lawn and Garden	Only 11 Injectio	on Well
W -				E 4 Industrial	8 Air Conditioning	12 Other	
-	S W S E Was a chemical/bacteriological sample submitted to Department? YesNox.						
	If yes, mo/day/yr sample was submitted Water Well Disinfected: Yes No						
	I	S		Water Well Disinfec	ted: Yes X No		
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 NeX If yes, how much							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 sentonite 4 Other							
Grout Plug Intervals: From. 4ft. to. 5ft., Fromft. toft., From toft.							
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							
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?							
<u> </u>	ROM	TO		JGGING MATERIALS			
3	2	L.	4114	I sad Park	<u></u>		
	6	5	D. L.	ed sand, Rock	"" "		
	5	Ğ	1-12	as tot cla			
3	<u>ر</u> ج		Con	Pasice C149			
S							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)							
by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.							
60020-0001. Telephone. 703/230-3303. Send one to vivater vien Owner and retain one for your records.							