1	LOCATIO	ON OF WATE	ER WELL:	Fraction	Section	Number	Township	Number	Range Number	
Ė		ANDOTT		SE 1/4 SE 1/4 NW1/4	19		11	5	25 E	
Distance and direction from nearest town or city street address of well if located within city?										
Argentine RAILYARD, Kansas City, KS 2 WATER WELLOWNER: Burlington Northern and Santa Fe RailWay Co,										
	RR #, St. Address, Box #: City, State, ZIP Code : Kansas City KS 66106 Application Number:									
3	/241'									
لــّ		N SECTION		WELL'S STATIC WATER LEVEL ft.						
				WELL WAS USED AS:						
	N W	v 	— N E ——	1 Domestic						
		x		2 irrigation 3 Feedlot		Field Water Sup nestic (Lawn &		10 Monito 11 Injectio		
W			E			Conditioning	•			
	s w	<i>,</i> —	— S E	Was a chemical / bacteriological sample submitted to Department?Yes						
		S		Water Well Disinfected:	Yes	NO				
5	TYPE OF BLANK CASING USED:									
22PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile										
Blank casing diameter										
6										
Grout Plug Intervals: From										
What is the nearest source of possible contamination:										
1 Septic tank 6 Seepage pit 1						uel storage	16	Other (spe	ecify below)	
		ver lines tertiaht sew	er lines	7 Pit privy8 Sewage lagoon		ertilizer storage secticide stora		•	••••••	
3 Watertight sewer lines 4 Lateral lines			et mies	9 Feedyard		secticide stora bandoned wate	•			
5 Cess Pool 10				10 Livestock pens	15 O	il well/Gas well	İ			
Direction from well?										
FROM TO PLUGGING MATERIALS						Well was io	lent. Cied	as Mu	198-0Z	
	0	3 ′	Natural	Chr	ه ا	Nell was ic y Hydrotay Iraiq Wood	LE RETE	Ec emple	oyee	
	3'	64'	Cement/be	Chy ent growt.		ruig Wood	1-7-02	,	•	
				7		,	a			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)										
on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. Under the business name of Contractor's License No. Ocot Contractor's License No.										
	by (signat	ture)5	under the	e business name of	EMANS M	W ***CG2				
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										
aı	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.									
16	sephone. 7	03/290-330	5. Send one to v	valer vveii Owner and retain or	ie ioi your re	corus.				