1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
C	ounty: Wyando He	SE4SE4SW4	34	<i>II</i> S	25 E	
Distance and direction from nearest town or city street address of well if located within city?						
4612 Mission Road, Kansas Coty, KS 2 WATER WELLOWNER: RIVERA Station						
2	WATER WELLOWNER: KIVERA Station RR #, St. Address, Box #: 443 MISSION Rd Board of Agriculture, Division of Water Resources					
	City, State, ZIP Code: Kansas City KS (a 610 2 pplication Number:					
3	1	4 DEPTH OF WELL	38 ft			
	N	WELL'S STATIC WATER	LEVEL 30.03ft.			
		WELL WAS USED AS:				
	N W — N E —	1 Domestic	5 Public Water Supp	ly 9 Dewat	tering	
		2 Irrigation 3 Feedlot	6 Oil Field Water Sur 7 Domestic (Lawn &	oply (10) Monito	•	
W	/ E	4 Industrial	8 Air Conditioning			
	S W ———— S E ———	S ws E Was a chemical / bacteriological sample submitted to Department?Yes				
		••••••				
	S S	Water Well Disinfected:	Yes No			
5	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						
6		eat cement 2 Cement grou		ther Sand	5 sts play	
Grout Plug Intervals: From38ft. to30ft., From30ft., Fromft., From						
What is the nearest source of possible contamination:						
	1 Septic tank 2 Sewer lines	6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storage	16_Other (sp		
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide stora14 Abandoned wate	•	ti seti	
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?						
	FROM TO PLU	GGING MATERIALS				
			 			
_						
_			-			
		, , , , , , , , , , , , , , , , , , ,				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was comp						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was co on (mo/day/year) and this record is true to the best of my knowledge and belief water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of H.550C. Environment						
by (signature) Duna Av. Survey						
	<u> </u>	D				
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 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.						
T	alenhone: 785/296-3565 Sond one to M	valer vveli (konerann reisin oc	IG TOT VOUT PECONIS			