1	LOCATION OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Number	
County: WVANSOTTE			6t 14 5t 14 5W 14	7/	11	75 (E)V	
Dist	tance and direction from ne	earest town or c	ity street address of well if loc	ated within city?			
_	ILC YUVIAWUSI	λίο Λοί	SERVICE STATIONS	14)6			
2	WATER WELL OWNER RR #, St. Address, Box #	ha phi	/	1	e, Division of Water Resou	rcae	
—-т	City, State, ZIP Code : BHITTA		MO . U4017 Application Number:				
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		14 DEPTH OF WELL				
ſ	N N		WELL'S STATIC WATER LEVEL				
			WELL WAS USED AS:				
ŀ	NW —	NE —	1 Domestic 2 Irrigation	5 Public Water Supply6 Oil Field Water Supp			
w		E	3 Feedlot 4 Industrial	7 Domestic (Lawn & G8 Air Conditioning		n Well	
	swse		Was a chemical / bacteriological sample submitted to Department? Yes				
			If yes, mo/day/yr sample was submitted				
l	S		Water Well Disinfected: Ye	es No			
5	5 TYPE OF BLANK CASING USED:						
	1 Steel 3 RMP (•	` '	elow)		
	PVC 4 ABS Blank casing diameter		vestos-Cement 8 Concre Wasicasing pulled?	./	If yeş, how mi	uch 14.5	
	Casing height above or	r below land su	rfaceUNKNUWN				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite (4) Other						?	
	Grout Plug Intervals: What is the nearest sou	ا From urce of possible	t. to	, From7ft. to	oV ft., From	to	
Septic tank Sewer lines Watertight sewer lines			6 Seepage pit (j) Fuel storage (FUTMED) 16 Other (specify below)				
			7 Pit privy 12 Fertilizer storage				
	4 Lateral lines 5 Cess pool		9 Feedyard 10 Livestock pens	14 Abandoned water v15 Oil well/Gas well	well		
	Direction from well?	Wt51	How many	feet?			
FROM TO PLU			JGGING MATERIALS				
0 3 COMPACE		FK 60116					
3 145 BENTUN		INF CHIE					
	14.7	170101010					
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was com (mo/day/year)							
	Water Well Contractor's I	License No	Musiness, hame of	NAN LANGE GLIDIS WE	ter Well Record was com	pleted on (mo/day/year)	
	by (signature)	111/1	Musiness harne of	vi.j			
INS	STRUCTIONS: Use type	ewriter of ball	point pen. Please press fire	mly and print clearly. Plea	se fill in blanks, underlin	ne or circle the correct	
			as Department of Health a 67. Telephone: 785/296-55				