		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			·	
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
l County: WyandoHe		NEY SE "NE"	10	115	25E	
	ance and direction from nearest town	or city street address of well if lo	ocated within city?			
Dist	347 M. Sames	street, Kansas CH	e . KS			
2	WATER WELLOWNER: Brotherh		74.			
_ ا	RR #, St. Address, Box #: 756 M	Lucasala Aute.	Board of Agriculture	Division of Water Resources	•	
(	City, State, ZIP Code : Kausas	CH4, KS 66101	Application Number:		•	
3	MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
	N	WELL'S STATIC WATER	LEVEL 1415 ft.			
		WELL WAS USED AS:				
<b> </b> -	N W N E 1 Domestic 5 Public Water Supply 9				ering	
		2 Irrigation	6 Oil Field Water Supply (15) Monitoring Well 7 Domestic (Lawn & Garden) 11 Injection Well			
w		3 Feedlot 4 Industrial	8 Air Conditioning			
	Was a chemical / bacteriological sample submitted to Department? Yes					
	— S W — S E — Was a chemical / bacteriological sample submitted to Department?Yes					
	Water Well Disinfected: Yes No					
L						
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 diameter 2 ir	. Was casing pulled?	YesX No	If yes, how me	uch	
	Casing height above or below an	d surface 0.54	in.			
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
	What is the nearest source of pos	ssible contamination:				
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	ecity below)	
2 Sewer lines		7 Pit privy	12 Fertilizer storag	•	Hames	
3 Watertight sewer lines 4 Lateral lines		<ul><li>8 Sewage lagoon</li><li>9 Feedyard</li></ul>	13 Insecticide store 14 Abandoned water			
5 Cess Pool		10 Livestock pens	15 Oil well/Gas we			
	Direction from well? Bay	How many	y feet? 5 A			
	ROM TO PL	UGGING MATERIALS				
		1 1 10 1 0	1			
2	0 3 00	in bourtanate-light	20			
			<del> </del>			
7	CONTRACTOR'S OR LANDOW	NER'S CERTIFICATION: Th	is water well was plugge	ed under my jurisdiction	and was completed	
on (mo/day/year)						
under the business name of Defendance Iteld Services						
	by (signature)					
INS	STRUCTIONS: Use typewriter or	ball point pen. Please press f	irmly and print clearly. Ple	ase fill in blanks, underling	ne or circle the correct	

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.