1 LOCATI	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
그 County: 以	yandotte	NEWSE WNEW	10	11	ZSE
Distance and direction from nearest town or city street address of well if located within city?					
347 N. James Street, Kansas City, KS					
2 WATER V	WELLOWNER: YS therh	ood Bank+Trust			
RR #, St. / City, State	Address, Box #: 756 W , ZIP Code : Kansas	itnnesota Aur. Ctty, Ks (66101	Application Number:	Division of Water Resource	\$
	VELL'S LOCATION WITH IN SECTION BOX:	4 DEPTH OF WELL	25 ft		
	N	WELL'S STATIC WATER	RLEVEL 737.70 1	ρτVI	
		WELL WAS USED AS:			
	N — N E —	1 Domestic	5 Public Water Supp	ly <u>9</u> Dewat	erina
		2 Irrigation	6 Oil Field Water Sup	oply do Monito	oring Well
w H		3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning		on Well
		Wee a shaminal / heater	iological sample submitte		\
s v	V — S E —	If yes, mo/day/yr samp	le was submitted		
		Water Well Disinfected:	Yes No		
	s	Water Wen Biomicolog.	110		
TYPE O	F BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)					
E PVC	_	sbestos-Cement 8 Concre			,
Blank c Casing	asing diameterin. height above or below and	Was casing pulled? surface	YesX No in.	If yes, how m	uch 5
6 GROUT	PLUG MATERIAL: 1 No	eat cement 2 Cement gro	ut 3 Bentonite 4 C	Other	•••••
Grout P	lug Intervals: From	20 ft. to 3 ft.	, From ft. to	ft., From	to f
What is the nearest source of possible contamination:					
1 Septic tank		6 Seepage pit	Fuel storage	16 Other (sp	ecify below)
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storage13 Insecticide storage		***************************************
4 Lateral lines		9 Feedyard	14 Abandoned water	er well	
5 Ce	ss Pool	10 Livestock pens	15 Oil well/Gas well		
Directi	on from well?	How man	y feet?		
FROM	TO PLU	GGING MATERIALS			
20 3 chiph		entonite - hydrated			
	2 CAPUI	Minerale Andouthing			
					
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)					
7/28105 under the pusiness name of Deften baugh Fixed Services					
by (signa	ature)				•••••••••••••••••••••••••••••••••••••••
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.