KSA 82a-1212

ID NO. MW-6

Γ. Ι	1 LOCATION OF WATER WELL:				Fraction	Section Number	Township Number		Range Number		
1 1	1					27	Township		Range Nu	IIIDEI	
County: Wyandoffe					NE SE NW	u	T	lis	R 25	(E)w	
Dis	tance and				city street address of well if loo	•					
835 South St. Paul, Kansas CHy											
2 WATER WELL OWNER: 1, m.J. Projects											
RR #, St. Address, Box #: PO BOX 5306 City, State, ZIP Code : Kousas City, KS 66[9] Board of Agriculture, Division of Water Resources Application Number:											
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL											
<u> </u>	AN "X"	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL 26:48 ft.						
[N			٦	WELL WAS USED AS:						
	NW	NW X NE			1 Domestic 2 Irrigation	5 Public Water Supply 6 Oil Field Water Supply 7 Domestic (Lawn & Garden) 9 Dewatering 10 Monitoring Well 11 Injection Well					
<u></u>					3 Feedlot						
W				E	4 Industrial	8 Air Conditioning		12 Other			
	SW	W — SE			Was a chemical / bacteriological sample submitted to Department? Yes						
					If yes, mo/day/yr sample w	as submitted					
]	Water Well Disinfected: Y	esNo					
		S									
5 TYPE OF BLANK CASING USED:											
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
		casing diamete			Was casing pulled?			If yes, how mu	ch		
Casing height above or below land surface											
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other											
Grout Plug Intervals: From ft. to ft., From ft., to ft., From											
1 Septic tank					6 Seepage pit	Fuel storage		16 Other (specify below)			
2 Sewer lines				7 Pit privy	12 Fertilizer storage						
Watertight sewer lines Lateral lines				8 Sewage lagoon9 Feedyard	13 Insecticide storage 14 Abandoned water well						
5 Cess pool				10 Livestock pens	15 Oil well/Gas well	15 Oil well/Gas well					
	Directi	on from well?	W		How man	y feet?					
7											
			PL	UGGING MATERIALS							
	0' 0.5'		C	o ncrete							
,	0.51 31		Tosaot								
 `	Z ^t	3781	<i>~</i> (.)	Δ	beatoutte Chydro	tea					
	<i>b</i>				TOUR COOK						
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on											
(mo/day/year)											
	Water V	Vell Contractor	's License No ande	o erthe	business name of	This Wa	ter Well Red	cord was comp	oleted on (mo/da	//year)	
		nature)	بماه		was fully	J					
IN	STRUCTI	ONS: Use tv	pewriter or	ball	point pen. Plaase press fil	rmly and print clearly. Plea	se fill in bla	ınks, underlin	e or circle the c	orrect	
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, Geology Section, 1000 SW Jackson											

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.