	LOCAT	ION OF WAT	ER WELL:		Fraction	Section Number	Township Number	Range Number	
County: Nandotte					NE SE NW	77	7-115		
				n or o	ity street address of well if locate		(11.2	RZ5 OM	
	tarioo ario t	835	South	3	· Paul , Kansas Co	64			
2					1. Projects				
	RR #, St	. Address, Bo	x #: PO	B	x 5306	Board of Agriculture	, Division of Water Resou	ırces	
_	City, Sta	te, ZIP Code	Ka	MS	as Crty, FS 6611	Application Number			
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: 4 DEPTH OF WELL								
	AN A	N	BOX.		WELL'S STATIC WATER	LEVEL ZUL 13 ft.			
				7	WELL WAS USED AS:				
	NW	/	- NE	4	1 Domestic	5 Public Water Supply	9 Dewate		
		X			2 Irrigation 3 Feedlot	6 Oil Field Water Suppl7 Domestic (Lawn & Ga	,		
W				E	4 Industrial	8 Air Conditioning	12 Other.		
	SW	,	SE		Was a chemical / bacteriologic	cal sample submitted to De	epartment? Yes	No	
					If yes, mo/day/yr sample was	• .	•••••		
		S	I		Water Well Disinfected: Yes	No!			
5	TYPE (OF BLANK CA	ASING USED):					
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)								
PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile									
		casing diamet			Was casing pulled?	Yes No	If yes, how n	nuch	
		T PLUG MATE			eat cement 2 Cement grout		Other		
6		Plug Intervals:			146 ft. to 3 ft.,	_	ft., From		
	What is	the nearest s	source of pos	ssible	contamination:				
Septic tank Sewer lines					6 Seepage pit7 Pit privy	f1 Fuel storage	Ti Fuel storage 16 Other (specify below) 12 Fertilizer storage		
3 Watertight sewer lines			er lines	8 Sewage lagoon		13 Insecticide storage			
4 Lateral lines 5 Cess pool					9 Feedyard10 Livestock pens	14 Abandoned water v15 Oil well/Gaş well	well		
Direction from well?									
FROM TO				PLUGGING MATERIALS					
	0	3'		18	epsell	<u> </u>			
_	31	39,46	che	Ph	entoutto Chydratec	1/2			
L									
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)									
Indicators Contractor's ticense No.									
	6 by (sia	nature)	I unt	th.	business name of	J.AM FULLE	nmenal Lac.		
IN		\rightarrow	mouritor or	, ball	point pen Please press firm	ly and print clearly. Place	se fill in blanks under	ine or circle the correct	
an	swers. Se	end top three	copies to	Kans	as Department of Health and	d Environment, Bureau o	of Water, Geology Sec	tion, 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.