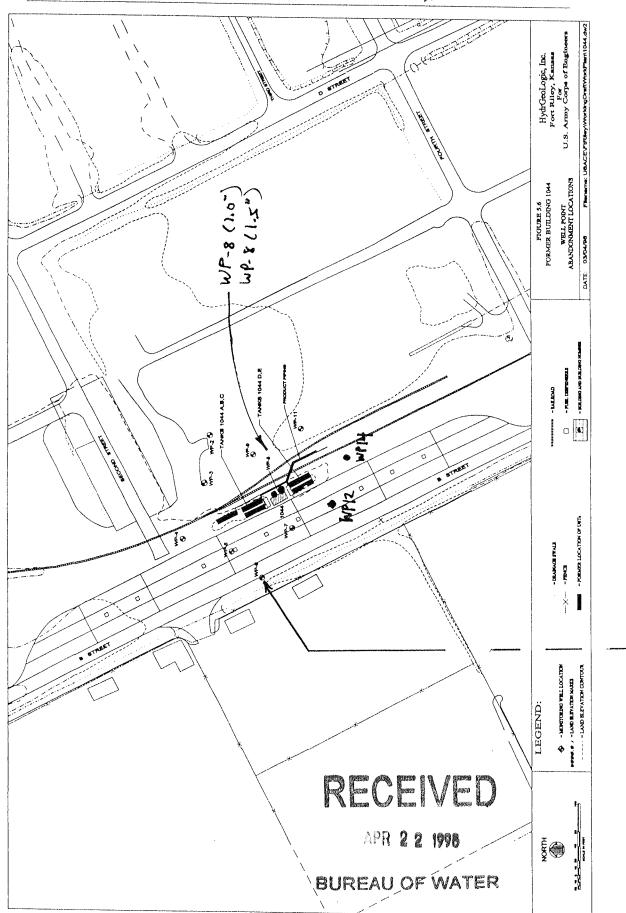
| 1 LOCATION OF WATER WELL: Fraction | | | Fraction | Section Number | Township Number | Range Number | |
|---|---------------|---------|--|---|-----------------|--------------|--|
| County: (| War | 1 | 561/4NE/4 1/4 | 3/ | 115 | 68 | |
| Distance and direction from nearest town or city street address of well if located within city? FT, PLEY IS, CHIP FLASTON FORMS, BUDG 1044 WP-6 | | | | | | | |
| 2 WATER WELL OWNER: US ARMY CORPS OF ENGINEERS | | | | | | | |
| RR#, St. Address, Box #: City, State, ZIP Code : C MO 6406 Application Number: | | | | | | | |
| MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 2.3 | | | | | | | |
| PLS | 506 W G | N E | WELL WAS USED AS 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial | 5 Public Water Sup 6 Oil Field Water | | | |
| ATTY s | s s | S E | If yes, mo/day/yr | Was a chemical/bacteriological sample submitted to Department? YesNo.X. If yes, mo/day/yr sample was submitted | | | |
| 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 diameterin. Was casing pulled? Yes | | | | | | | |
| casing neight above or below land surrace. Last 1.2.11. | | | | | | | |
| GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| _ | | | | | | | |
| What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well | | | | | | | |
| Direction from well? How many feet? | | | | | | | |
| FROM | то | PLU | GGING MATERIALS | | A | 6 0 | |
| 23,10 | 3' | Bizharo | ura sunn | Groph | obe Gran | | |
| 3 | 0 | CLAY. | the notine St | gil m than | i the Use | 337) | |
| | | | | | | | |
| | | | | | | | |
| CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | | | |
| INSTRUCTIONS: Use typewriter of 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: 913/296-3565. Send one to Water Well Owner and retain one for your records. | | | | | | | |



PIEZOMETER WP

U.S. Army Corps of Engineers—Kansas City District