1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	SEI4NEI4NEI4	9	13	oly manus
Distance and direction from nearest town or city street address of well if located within city?				
RR#, St. Address, Box #: 138 5 5 5 7 1 1 Board of Agriculture, Division of Water Resources  City, State, ZIP Code : Target City Application Number:				
RR#, St. Address, Box #: 38 Spring Board of Agriculture, Division of Water Resources City, State, ZIP Code : Junchen City, KS WSK// Application Number:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL				
N W N E 1 Domestic 5 Public Water Supply 9 Dewatering				
	2 Irrigation 3 Feedlot 4 Industrial	6 Oil Field Water 9 7 Lawn and Garden 0	Supply 10 Monitoring Only 11 Injection	
l W	4 Industrial	8 Air Conditioning	12 Other	
S WS E	Was a chemical/bacte	eriological sample su	ubmitted to Department	2 YesNo.X
If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes. X No				
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				
Casing height above or below land surfacein.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From3ft. toft., Fromft. toft., From				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	cify below)
2 Sewer lines 3 Watertight sewer lines	8 Sewage Lagoon	12 Fertilizer storag 13 Insecticide stora	ige	MICO
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water v 15 Oil well/Gas well	ell	
Direction from well?				
FROM TO PLUGGING MATERIALS				
14' 13.5' wash	Acsad			
	<u>ubsoil</u>			
6 3' benton	T			
3' 0' topsoi				
National Control of the Control of t				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas				
Water Well Contractor's License No				
by (signature)				
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: 913/296-3565. Send one to Water Well Owner and retain one for your records.				