1	LOCAT	ION OF WATE	ER WELL:	Fraction	Section Number	Township Number	Range Number	
County: DICKINSON				NW4 SW4 NW4	19	/3	2 E	
Distance and direction from nearest town or city street address of well if located within city?								
2 miles West of Abilene Ks								
2	WATER	WELL OWNE	R: City of	HOILENE CO				
L	RR #, St. Address, Box #:  City, State, ZIP Code : Abject Ks 67410-0519  Board of Agriculture, Division of Water Resources Application Number:							
3		WELL'S LOCA		4 DEPTH OF WELL	<b>A</b>			
	744 74	N	50%	WELL'S STATIC WATER	R LEVEL ft.			
				WELL WAS USED AS:				
	N	w_	N E	1 Domestic	5 Public Water Supp	oly 9 Dewa	atering	
		<b>A</b>		2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Su</li><li>7 Domestic (Lawn &amp;</li></ul>		toring Well tion Well	
W	-				8 Air Conditioning		r	
Was a chemical / bacteriological sample submitted to Department?Yes							No	
		S		Water Well Disinfected: Yes No				
5	TYPE C	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 diameter							
6	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	,	specify below)	
	2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	7 Pit privy 12 Fertilizer storage			
	4 Lateral lines			9 Feedyard 14 Abandoned water well				
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? Southwest How many feet? 550								
Direction from well? Southwest How many feet? 550								
	FROM TO PLU			JGGING MATERIALS			11 11	
	0 4 Tap S		Soil	<i></i>	LNE WATE	R WELL		
	4	43	CEMEN	it apout		to-P	. 1	
				<i></i>		the D	1 .060	
						10 - P	Jugger	
							1.	
7	7 CONTRACTOR'S OR LANDOWNER'S CEBTIFICATION: This water well was plugged under my jurisdiction and was completed							
٣	CONTRACTOR'S OR LANDOWNER'S CEBTIFICATION: 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.  This Water Well Becord was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Becord was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Becord was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Becord was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas This Water Well Becord was completed on (mo/day/year)							
	by (signature) Much Salution of TELETON LIKE 17.17.197							
	INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct							
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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: 785/296-3565. Send one to Water Well Owner and retain one for your records.