1	OF WATER		Fraction		Section Number	Township Number	Range Number	
 County: <b>_</b>	); LK '	Nodus	SUI/4 NEI/4	1/4	20	13	3	
Distance and direction from nearest town or city street address of well if located within city?  1/8 Mile Nolth of Enterprise								
2 WATER WE	LL OWNER:	C144	OF ENTO	RP	MJe			
2 WATER WELL OWNER: C'TY OF ENTER PRISE  RR#, St. Address, Box #Box 245  City, State, ZIP Code: ENTERPOSE (KS6744) Board of Agriculture, Division of Water Resources  City, State, ZIP Code: ENTERPOSE (KS6744) Application Number: 10, 127								
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL. 2Dft.								
T T			WELL WAS USED					
	<b>.</b>	N E	1 Domestic	: (5	Public Water Supp	ply 9 Dewaterin		
<b>u</b>	(	י י	2 Irrigati 3 Feedlot E 4 Industri	7	Oil Field Water ( Lawn and Garden ( Air Conditioning	Only 11 Injection	Well	
s \	d	S E	Was a chemical,	/bacteri	ological sample s	ubmitted to Departmen	t? YesNo.X	
	If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes. X No								
5 TYPE OF BLANK CASING USED:								
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameterin. Was casing pulled? Yes No.X If yes, how much								
Casing height above or below land surface. 3.7.1 Relow.in.								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From. 2.1.ft. toft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
1 Septic tank 6 Seepage pit 11 Juel storage 16 Other (specify below) 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? 1360 FT NW How many feet? 1300								
FROM TO PLUGGING MATERIALS								
41	21			<b>.</b>				
71.	-3 -7	_	inuted Sun T GROUT	حرن				
81		CCITICA	11 04 200 1					
⊢ on (mo/o	dav/vear).	A - X - D	and this میں۔۔۔۔	record	is true to the bes	nder my jurisdiction st of my knowledge ar Record was completed	d belief. Kansas	
by (sign	nature)	Jan	under the business	triki	T>.).T.Y(	0		
the correct	answers. S	end top three	copies to Kansas De	partment	t of Health and Envi	rly. Please fill in blanks, ronment, Bureau of Wa one for your records.	underline or circle ter, Topeka, Kansas	