1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Barra Nambar	
County: DICKINSON	NE 1/4 NE 1/46 F1/4		14	Range Number	
Distance and direction from nearest town or city street address of well if located within city?					
Three mi. south, 3 mi East, 1/2 mi North, (west side of road) from Enterprise, KS.					
2 WATER WELL OWNER: LOREN PECK					
RR#, St. Address, Box #: 1843 Paint Road Board of Agriculture, Division of Water Resources City, State, ZIP Code: Enterprise K567441 Application Number:					
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
WELL'S STATIC WATER LEVEL3.4ft.					
X	WELL WAS USED AS:				
N E	1 Domestic				
u	3 Feedlot	7 Lawn and Garden (Only 11 Injection	Well	
	E 4 Industrial	8 Air Conditioning	12 Other	••••••	
s W s E	Was a chemical/bacteriological sample submitted to Department? YesNo.				
If yes, mo/day/yr sample was submitted					
s	water well Disinfect	ied: Yes No	••••		
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 diameter					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other					
Grout Plug Intervals: From. 3ft. to					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide 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?					
FROM TO PLI	JGGING MATERIALS				
0 3 Clay Soil					
3 6 Bentonite					
6 34 Clay Soil					
34 69 San	1.				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Water Well Contractor's License No. Under the business name of					
by (signature) X					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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. one for your records.