1	LOCAT	ION OF WATER	i lici i .	Fraction		Section Number	Tourseh	ip Number	Range Number	
_'			<b>₩</b> ₩₩₩₩₩₩					+10	11 75 F	
Co	unty:	LYON	ıšşı	XU1/4 SC1	14 SW1/4	21	<u> 15</u>	皮	17-19 F	
Distance and direction from nearest town or city street address of well if located within city?										
2 WATER WELL OWNER: PEggy 7189(9)  RR#, St. Address, Box #: 3907 Huy 99, Rd R  City, State, ZIP Code: Admir, KS 66836  Board of Agriculture, Division of Water Resources  Application Number:										
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVELft.										
h		N W	N E	1 por 2 Ir 3 Fe	S USED AS: mestic rigation edlot dustrial	5 Public Water Sup 6 Oil Field Water 9 7 Lawn and Garden 0 8 Air Conditioning	Supply	9 Dewaterin 10 Monitorin 11 Injection 12 Other	g Well Well	
	X	s W	S E	Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted						
5	TYPE OF BLANK CASING USED:									
J	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 1 MESTING.  Blank casing diameter. 36in. Was casing pulled? Yes No If yes, how much									
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3/Bentonite 4 Other									
	Grout Plug Intervals: From 5.0 ft. to 45 ft., From ft. to ft., From to ft.									
	What is the nearest source of possible contamination:									
	1 Septic tank 6 Seepage pit 1 2 Sewer lines 7 Pit privy 1 3 Watertight sewer lines 8 Sewage lagoon 1 4 Lateral lines 9 Feedyard 1					11 Fuel storage 12 Fertilizer storag 13 Insecticide storage	Fertilizer storage Insecticide storage Abandoned water well			
	Direction from well? How many									
	FROM TO PLUGGING MATERIALS				ALS					
	4.5	9-	FILL	61166		Mat and reduced a control				
	<u>),(`</u> 11	1 4.5	DENTO	MIC						
	17,5	5 4.5	SAND	), UKIL						
			37.17	List.						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)										
	by (s	ignature) .	1306	Ex act	B.J.N.					
ur Bu	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.									