							, , , , , , , , , , , , , , , , , , , 	
1 LOCATIO	N OF WATER	R WELL:	Fraction		Section Number	Township Number	Range Number	
County:	m a V 1		SE1/4	1/4 1/4	21	16	19	
Distance and direction from nearest town or city street address of well if located within city?								
3542 Kentycky Rd- Ottawa KS 66067								
2 WATER WELL OWNER: Jerald Harrell								
DETAILS FROM PLOT IN THE PROPERTY OF THE PROPE								
RR#, St. Address, Box #: 3542 Kentucky Rd City, State, ZIP Code: Ottowa 66007 Board of Agriculture, Division of Water Resources Application Number: NA								
AN "X" IN SECTION BOX:								
N WELL'S STATIC WATER LEVELft.								
WELL WAS USED AS:								
Prior to Adardoned Prior to Adardoned Domestic 5 Public Water Supply 9 Dewatering								
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well							g Well	
3 Feedlot 7 Lawn and Garden Only 11 Injection Well W								
"				Triadott rat	5 KM 55ML 15 MM			
S W Was a chemical/bacteriological sample submitted to Department? YesNo								
If yes, mo/day/yr sample was submitted								
	Water Well Disinfected: Yes. X. No							
	S				•			
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								
Blank casing diameter Was casing pulled? Yes. No If yes, how much. Casing height above or below land surface								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite 4 Other								
SK CA								
Grout Plug Intervals: From 🕰 ft. to. 💴 ft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
O sep	otic tank			pit	11 Fuel storage	16 Other (sp	ecify below)	
	er lines	ewer lines	7 Pit pri 8 Sewage	vy Lagoon	12 Fertilizer stora 13 Insecticide stor	ge	• • • • • • • • • • • • • • • • • • • •	
	eral lines		9 Feedyar	'd	14 Abandoned water	well		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well? How many feet?								
FROM	ROM TO PLUGGING MATERIALS							
101								
60	27	Sow	4(CN	rineshool	U			
10 T	6	Subso	il `					
6	31.		rite Pl	()0				
21	71		1	3				
3	<u> </u>	10000	1	·				
7 CONTRAC	TOR'S OR I	ANDOWNER'S	CERTIFICATI	ON:This wate	 rwell was nlugged u	nder my jurisdiction	and was completed	
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 solutions No								
by (signature)								
Comment of the contract of the								

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.