IDNO. 00111535

		Т							
County: France	WATER WELL:	Fraction NE 1/4 NE 1/4 NE 1/4	Section	Number	Township	Number <	Range G	Number	
Distance and direction from nearest town or city street address of well if located within city? Other East 13nd 5t Othawa, KS 210 w. 23 rd St									
1 / (- Doc 10'110f / //2017)									
2 WATER WELLOWNER: 2d Wolken									
RR #, St. Address, Box #: Wolken Dil Company City, State, ZIP Code: RO. Bux 3-50 Application Number: RR #, St. Address, Box #: Wolken Dil Company Board of Agriculture, Division of Water Resources Application Number:									
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL									
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL									
	X	WELL WAS USED AS:							
N W	N E	1 Domestic		ic Water Supp		9 Dewate			
		2 Irrigation 3 Feedlot		ield Water Sup estic (Lawn &		10 Monitor 11 Injectio			
W	E	4 Industrial		onditioning	,	•	••••••		
s ws E Was a chemical / bacteriological sample submitted to Department?Yes									
If yes, mo/day/yr sample was submitted to Department? Yes									
Water Well Disinfected: Yes No									
	S	Water Well Distillected.	103	140					
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									
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									
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						,			
1	nt sewer lines	8 Sewage lagoon		secticide stora	•				
4 Lateral li		9 Feedyard 10 Livestock pens		andoned wate I well/Gas well					
1/ 1/ 20'									
Direction from well?									
FROM TO PLUGGING MATERIALS									
10 3	Lene	nt / Bontonile							
2 1	5	10							
		/ Urausi							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: 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 Record was completed on (mo/day/year) by (signature) Water Well Record was completed on (mo/day/year)									
h. (signatura)	under th	e business name of	wim.T	ech nel	gies				
by (signature) .	willing	uffail						,	
INSTRUCTIONS	: Use typewriter or b	all point pen. <u>Please press f</u>	irmly and pri	nt clearly. Plea	ase fill in blan	ks <u>,</u> underlin	e or circle th	e correct	
answers. Send to Telephone: 785/29	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.								