1 LOCATI	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County:	MIAMI	5W1/4NW1/4NE1/4	18	.7	27E	
Distance and direction from nearest town or city street address of well if located within city?						
10 1/2 MILES TO PAOLA						
2 WATER WELL OWNER: JOHN ROMINE RR#, St. Address, Box #: 27180 W, 303 Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: PAOLA, KS, 66071 Application Number:						
	ELL'S LOCATION WITH IN SECTION BOX:	1 1				
	WELL'S STATIC WATER LEVEL					
		WELL WAS USED AS:				
	X	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water S			
		3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well	
W		E 4 Industrial	8 Air Conditioning	12 Other		
s	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 diameterin. Was casing pulled? Yes No If yes, how muchin.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
	otic tank		11 Fuel storage	16 Other (spe	ecify below)	
<pre>2 Sewer lines 3 Watertight sewer lines</pre>		7 Pit privy 12 Fertilizer storage 5MHL 5TK 8 Sewage lagoon 13 Insecticide storage		OTKEA.M		
	teral lines ss Pool	9 Feedyard 10 Livestock pens	14 Abandoned water w	NELL		
Directi	ion from well? WE		How many feet?	50		
FROM		JGGING MATERIALS				
Ď	5 Coman	Ind Clay (soil				
5	2 1/m 1	Particle	_			
	Z6 Rock	cuton, re				
7	20 ROCK	TROCKY SIL	\dashv			
			_			
			_			
7 00::		1				
7 CONTRACTOR'S OR LANDOUNDER'S GERILFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 2/2/197 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's Lights No This Water Well Record was completed on (mo/day/year)						
by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and print clearly. Please fill in blanks,						

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.