4				
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: LYON	NE1/4 SE1/4 NE1/4	20	18	OE
Distance and direction from near APROX - 40	est town or city stree 1-W - 1-4 MS of		located within city?	
2 WATER WELL OWNER: POTH S				
RR#, St. Address, Box #:/942 City, State, ZIP Code : EMP	BRIARCHIFF	Board of Agric Application No	culture, Division of N umber:	Vater Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL		ft.	
N N	WELL'S STATIC WATE	ER LEVEL	ft.	
	WELL WAS USED AS:			
W N E		6 Oil Field Water	WATER	
S'W————————————————————————————————————				
Water Well Disinfected: Yes. No				
5 TYPE OF BLANK CASING USED:				HASERTONETO VETETANNE ASIRISAKATA LA KASISMANIA (Parine) Pimeler attenda asirisk
1 Steel 3 RMP (SR) 5 Wrou		glass 9 Other	(specify below)	
Annual states			IE.S. TO.W.E	EAF
Blank casing diameter $5\%$ Casing height above or below	land surface	pulled? Yes $\sim$ I $\Omega$ in.	No.∵ If yes, how ⊓	nuch. IQL
6 GROUT PLUG MATERIAL: 1 Neat	cement 2 Cement gro	ut <u>3 Bentonite</u>	4 Other	
Grout Plug Intervals: From	1.6.5ft. to7ft	., From	oft., From	toft.
What is the nearest source of	possible contamination	n: NONE		
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 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well?		How many feet?	processing.	
FROM TO PLU	GGING MATERIALS	FILL		
+3' -3.5'CLAY	SOIL		ARPER KDHE-	
6.5'-7' BENTONUTE WELL WOUND NOT PUMP DOWN				
-7' -41' SAND +3' BECOMES 6h.				
2 48 7	UMP @ 256.P	my * 0.44 S	Ch. PAISI	E
	WAS NOT		The state of the s	MU JED
GAINING	OW IT-	9	FROCKS REV BEATONI BROCK WALL	14
7 CONTRACTOR'S OR LANDOWNER'S CON (mo/day/year) 1.0-06- Water Well Contractor's Licer Dy (signature)	ERTLFICATION:This wate and this reco nse No	r well was plugged under the second of the s	nder my jurisdiction s st of my knowledge an Record was completed	and was completed d belief. Kansas on (mo/day/year)

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