	ON OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
***************************************	LYON	SW1/4NE1/4SW1/4			Commen	
Distance and direction from nearest town or city street address of well if located within city? $APROX = 5N - 1.5 \omega - 994 \omega_y, N. of Emporial Ks,$						
2 WATER WELL OWNER: RODNEY L. MAXWELL						
RR#, St. / City, Stat	Address, Box #: 23 te, ZIP Code : AME	69 ROAD US RICOS KS 662		culture, Division of umber:	Water Resources	
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.						
AN "X"	AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL					
		WELL WAS USED AS:				
N	 WN	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water		*	
		3 Feedlot	7 Lawn and Garden		KNDONED	
W		E 4 Industrial	8 Air Conditioning	12 Utnepris		
s	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo					
	If yes, mo/day/yr sample was submitted					
	Water Well Disinfected: Yes. ✓ No					
5 TYPE OF	TYPE OF BLANK CASING USED:					
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 7 Fiberglass 9 Other (specify below) 7 FICKS					
Casing	Blank casing diameter					
	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					ecify_below)	
<pre>2 Sewer lines 3 Watertight sewer lines</pre>		7 Pit privy 8 Sewage lagoon	12 Fertilizer stora 13 Insecticide stora	ge //boldist.f age	S	
	teral lines ss Pool	9 Feedyard 10 Livestock pens	14 Abandoned water (15 Oil well/Gas wel			
Directi	ion from well?		How many feet?			
FROM	TO PL	UGGING MATERIALS	,			
0	45 500	- CLAY BASE	della Anna Maria			
4,5	i	ONITE				
5	with A	- Rocks				
8'		HAT ROCKS				
4		:		in the second se		
Annual Control of the		A DESCRIPTION OF THE PROPERTY				
7 CONTRACTOR'S OR LANDOWNER'S CERTLEICATION:This water well was plugged under my jurisdiction and was completed						
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
by (signature)						
			L 22			

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.