1 LOCATION OF WATER WELL:		Fraction		Section Number	Township Number	Range Number
County: MARI	ON	NW (14)	1/4 1/4	27	19	1
15 FEET N 2 WATER WELL OWNE RR#, St. Address,	W OF M. R: CITY O Box #: 210	AIN AND OFLEHI E. MAIN	PROSI GH (-P.O.)	PELT INTERSE	culture, Division of	
MARK WELL'S LOC AN "X" IN SECTI	ATION WITH ON BOX:	WELL'S WELL N 1 [2] 3] 4] Was a ch	OF WELL S STATIC WA WAS USED AS Domestic Irrigation Feedlot Industrial	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning	oply 9 Dewatering Supply 10 Monitoring 11 Injection 12 Other	ng Well n Well
S		Water We	ell Disinfe	ected: Yes.X No		
What is the near Septic tank Sewer lines	(SR) 5 Wrot 6 Asbe	cement 2	Was casing see	pulled? Yes in. out ③Bentonite t., Fromft. t	oft., From	much
3 Watertight s 4 Lateral line 5 Cess Pool Direction from w	es	10 Livestoc	k pens	13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel How many feet?!	l	
FROM TO	PLU	IGGING MATER	IALS			
84 14	SA	Mβ				
14 6	CF	AY Soil	<u>L</u>			
6 5½	1	YTONITE				
51/2 TOP	CL	ay Soil				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						

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.