one for your records.

4	W OF 1147ER		P	O - A C - M. web	*	D W	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: LYON 5E1/4/1/E1/4 28 19 10E							
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: TOHN BROCKHOUSE							
2 WATER WELL OWNER: JOHN BROCKHOUSE RR#, St. Address, Box #: EMPORIA, KS 66801 City, State, ZIP Code: EMPORIA, KS 66801 Application Number:							
City, Stat	e, ZIP Coc	le ": EMPO			umber:	Water Redoct 955	
	ALL MAN EN AMOREMAN BANG						
WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS:				
N	W	N EX	<pre>Domestic</pre>	5 Public Water Sup	ply 9 Dewaterin		
			2 Irrigation 3 Feedlot	6 Oil Field Water : 7 Lawn and Garden :	Supply 10 Monitorin Only 11 Injection	ıg Well ı Well	
W			4 Industrial				
S W————S E———— Was a chemical/bacteriological sample submitted to Department? YesNo							
If yes, mo/day/yr sample was submitted to bepar answer to submitted							
Water Well Disinfected: Yes. X No							
	\$	47					
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 pu/Vied? Yes No If yes, how much							
Casing height above or below land surfacein.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3)Bentonite 4 Other							
Grout Plug Intervals: From \$55 ft. to \$5.5.ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
	otic tank ver lines		6 Seepage pit 7 Pit privy	11 Fuel storage	60ther (sp	pecify below)	
3 Watertight sewer lines			8 Sewage Lagoon	13 Insecticide stor		FR	
	ceral lines ss Pool		9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas wel			
Direction from well? How many feet?							
FROM	то	PLI	UGGING MATERIALS				
22	13	s A	λ/ Λ				
13	5.5		35012 + ROCK				
5.5	4.5		TONITE	*>			
4.5	0		SOIL				
4.3		101	3072				
			AMPTIA AMPLIA				
Z CONTRACTORIC OR LANDOUNIERIC CERTIFICATION This worker will use a livered with a similar district and the similar districts and the similar distri							
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 Frense No This Water Well Record was completed on (mo/day/year) by (signature)							
INSTRUCTIONS: Use typewp ter 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							