1	LOCATIO	ON OF WATER		Fraction	Section Number	Township Number	Range Number	
Сс	ounty:	Lyon		SW 1/45 E 1/4 NE 1/4	10	19	11 E	
Distance and direction from nearest town or city street address of well if located within city?								
1212 Highland								
2	WATER	WELL OWNER:	ESU En	dowment Associati	lon			
RR#, St. Address, Box #: 1200 Commercial Board of Agriculture, Division of Water Resource Application Number:								
3		ELL'S LOCAT		4 DEPTH OF WELL		4ft.		
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL1ft.						ft.		
WELL WAS USED AS:								
	N	W	N E	(n) Domestic	 Domestic Public Water Supply Irrigation Oil Field Water Supply Monitoring Well Feedlot Lawn and Garden Only Industrial Air Conditioning Other 			
			177					
١	٠		X 1					
		Was a chemical/bacteriological sample submitted to Department? YesNoX If yes, mo/day/yr sample was submitted						
	S							
		Water Well Disinfected: Yes No.X						
		S						
5	TYPE OF BLANK CASING USED:							
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)							
	2 PVC	DI LOW WOLL						
	Blank Casing	Blank casing diameter 48 in. Was casing pulled? Yes. X No If yes, how much $41.3.1$. Casing height above or below land surface						
6	1	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Otherclay						
_	Grout Plug Intervals: FromOff. to3.ft., Fromft. toft., From to							
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 1					2 Fertilizer storage			
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						well		
Direction from well? How many feet?								
L	FROM	ТО	PL	JGGING MATERIALS	We helieve	this was a cis	stern due	
_	0 3 clay				to its shape and water level.			
L	3	4	sand					
				444444				
-								
-				A STATE OF THE STA				
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was comple								
on (mo/day/year)								
	water 7./	26/95	actor's lice	under the business name	e of ESH Endow	ment Associati	Qn	
by (signature) Sulface the business name of ESH Endowment Association.								

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.