

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
	County: LYON	NW 1/4 SE 1/4	15	19S	11E

Distance and direction from nearest town or city street address of well if located within city?
 150 ft west of Cottonwood St. #7

2	WATER WELL OWNER: DELORIS TOPPER 13 COTTONWOOD	RR#, St. Address, Box #: EMPORIA, KS 66801	Board of Agriculture, Division of Water Resources Application Number:
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:																
N																	
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4	DEPTH OF WELL.....ft. 32
	WELL'S STATIC WATER LEVEL.....ft. 8
WELL WAS USED AS:	
① Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supply 6 Oil Field Water Supply 7 Lawn and Garden Only 8 Air Conditioning
	9 Dewatering 10 Monitoring Well 11 Injection Well 12 Other.....
Was a chemical/bacteriological sample submitted to Department? Yes....No. <input checked="" type="checkbox"/>	
If yes, mo/day/yr sample was submitted.....	
Water Well Disinfected: Yes. <input checked="" type="checkbox"/> No.....	

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 diameter.....in. Was casing pulled? Yes..... No..... If yes, how much.....
	Casing height above or below land surface.....in.

6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout ③ Bentonite 4 Other.....
	Grout Plug Intervals: From...5...ft. to...4.4...ft., From.....ft. toft., From..... to.....ft.
	What is the nearest source of possible contamination:
	1 Septic tank 6 Seepage pit 11 Fuel storage ⑩ Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage surface 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage water 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?

FROM	TO	PLUGGING MATERIALS
0	4.4	topsoil
4.4	5	bentonite
5	24	subsoil
24	32	sand

7	CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)....7-17-96.... and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year)....7/17/96.... under the business name of BOB JACKSON by (signature) Bob Jackson
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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.