| | *************************************** | and the second s | | | |
|---|--|--|--|------------------------|--|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number | |
| County: LYUN | NE1/45W1/4NW1/4 | 2 Zus | 195 | IIE | |
| Distance and direction from nearest town or city street address of well if located within city? 927 S COMMERCIAL EMPORIA KS - LIMPTED ACCESS | | | | | |
| 2 WATER WELL OWNER: ROBERT L. BODKIN | | | | | |
| RR#, St. Address, Box #: 2301 DIANE City, State, ZIP Code : EMPORIA KS 66801 Application Number: | | | | | |
| MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL. NO.N.C. D.ft. WELL WAS USED AS: | | | | | |
| W N E | 1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial | 5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning | Supply 10 Monitorin Only 11 Injection 12 Other | g Well Well WASE | |
| Was a chemical/bacteriological sample submitted to Department? YesNo X If yes, mo/day/yr sample was submitted | | | | | |
| 5 TYPE OF BLANK CASING USED: | | <u> </u> | | | |
| 1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 70 CKS 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile | | | | | |
| Blank casing diameter | | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other & SACK-SAND-CLEMENT | | | | | |
| Grout Plug Intervals: From. Dft. toft., Fromft. toft., Fromft. | | | | | |
| What is the nearest source 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool | 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard | 11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel | ge age well l | pecify below) | |
| Direction from well? | | | | | |
| FROM TO PLUGGING MATERIALS | | 1 1 1 | * DON TAYLOR - KDHE | | |
| 0' 7' 65ACK | O' 7' 6 SACK-SAND-CONCRETE | | PRUBLEN INT | | |
| | | | LINE WAS TI | | |
| | | | NEW SYSTEM ELL HAS Z | | |
| | | | ROUND IT. | · | |
| | | | SOLID AT 70 | | |
| | A STATE OF THE STA | BICYCE | -AUTO PARTS | - ETC | |
| | | REMOV. | ED, | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) | | | | | |
| INSTRUCTIONS: Use typewriter underline or circle the correbureau of Water, Topeka, Kansone for your records. | ct answers. Send top the | ree copies to Kansas | Department of Health | and Environment, | |