1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Lyon	1/4 1/45w1/4	75W QTR	19	11-6
Distance and direction from nearest town or city street address of well if located within city? 90' west of Overlander, 140' South of w 50 Hiway 2 WATER WELL OWNER: Flying J 4915 w 50 Hiway				
RR#, St. Address, Box #: City, State, ZIP Code: Board of Agriculture, Division of Water Resources Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL				
N WN E	E 4 Industrial	6 Oil Field Water S 7 Lawn and Garden G 8 Air Conditioning		g Well Well
Was a chemical/bacteriological sample submitted to Department? YesNo Was a chemical/bacteriological sample submitted to Department? YesNo				
S				
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. Lein. Was casing pulled? Yes. No If yes, how much. 3'				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From. 3ft. toft., Fromft. toft., From toft.				
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 12 Fertilizer storage				
Direction from well? How many feet?				
FROM TO PI	UGGING MATERIALS			
			* *	
		4 3	<u>8</u>	
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. Please press firmly and print clearly. Please fill in blanks.				

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.