1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Lyon	SE1/4SE1/4SE1/4	7	195	IIE
Distance and direction from nearest town or city street address of well if located within city? 1/8 Mile South of 841 Grephic Arts Rd., Empress KS (6680)				
2 WATER WELL OWNER: Skip Eurons/EVCO Wholesole Food Corp. RR#, St. Address, Box #: 309 Merchant Board of Agriculture, Division of Water Resources City, State, ZIP Code: Emparic JES 6180/Application Number: 3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
City, State, ZIP Code: Emporis 158 6680 Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL				
	WELL WAS USED AS:			
N W N E	Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning	Supply 10 Monitorin	g Well Well
S W S E X	Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted			
S P Face	Water Well Disinfec	ted: Yes. No	* • • •	
5 TYPE OF BLANK CASING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass (9)Other (specify below) Dus Well				
Blank casing diameterin. Was casing pulled? Yes No				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft. toft., Fromft. What is the nearest source of possible contamination: Haven located powers System!				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	16 Other (sp ge age well	ecify below)
Direction from well?				
FROM TO PLUGGING MATERIALS				
292' 14' Gran	l-washed rock			
14 83' Clay-	- subsoil			
8/2 8' Sodian				
8' 8'3' CLC	and Supsoil of Co	ma chech		
3/2 0 Compos	ted Clay- with	Porteing lot.	ede	
		- possing 100		
7 CONTRACTOR'S OR LANDOWNER'S CHRIFICATION: 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, 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.				