			T				r
1 LOCATION OF WATER WELL:			Fraction		Section Number	Township Number	Range Number
County: Linn			1/4 1/4	NE14	23	195	23 E
Distance and direction from nearest town or city street address of well if located within city?							
4 m. NW of Lacygne, m. E. of Hospital Rd.							
2 WATER WELL OWNER: Wayne Burchett							
RR#, St. Address, Box #: RR / BOX Z9 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Fontana, Ks 66 Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
N							
	WELL—WAS-USED AS:						
l L	W	N E	1 Dome	estic	5 Public Water Supp	oly 9 Dewatering	
		XX	2 Irri	igation	6 Oil Field Water S	Supply 10 Monitoring	g Well
w				ilot ustrial	7 Lawn and Garden 0 8 Air Conditioning	12 Other 26	at pump
			į				source
s	S W S E Was a chemical/bacteriological sample submitted to Department? Yes(No.)						
	If yes, mo/day/yr sample was submitted						
L	S Water Well Disinfected: Yes 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. D.Qin. Was casing pulled? Yes No & If yes, how muchin.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From. O. ft. toft. fromft. toft., From toft.							
What is the nearest source of possible contamination:							
Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage							
3 Wat	tertight so	ewer lines	8 Sewage lago	on	13 Insecticide stora	ge	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?							
FROM TO PLUGGING MATERIALS							ļ
0	150	Benjonite grout			_		
_		Dento	nite gi	COUT.			
0	1501	<u> </u>		<u> </u>	_		
0	150	~		<u> </u>			
0	150'						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)3/4/.99							
under the pusiness name of at Carres July Russiness Dame of at Carres July Russiness Drussiness							
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.							