| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
|--|--|---|--|--------------|
| County:Linn | NW 1/4NW 1/4 1/4 | 19 | 19 | ع 25 |
| Distance and direction from nearest town or city street address of well if located within city? | | | | |
| 3 Mi. North 3 1/2 Mi. East of LaCygne | | | | |
| WATER WELL OWNER: Roy Ratcliffe | | | | |
| RR#, St. Address, Box #: RR 1 Box 129 City, State, ZIP Code: LaCygne, Ks. 66040 Application Number: | | | | |
| MARK WELL'S LOCATION WITH 4 DEPTH OF WELL | | | | |
| N WELL'S STATIC WATER LEVEL?ft. | | | | |
| x | XWELL WAS USED AS: | | | |
| N W N E | 1 Domestic 2 Irrigation | 5 Public Water Sup | ply 9 Dewatering Supply 10 Monitoring | |
| W | | 7 Lawn and Garden (| Only 11 Injection | Well / |
| | 4 madstrat | b Att conditioning | TE OTHER | |
| Was a chemical/bacteriological sample submitted to Department? YesNo ✓ If yes, mo/day/yr sample was submitted | | | | |
| Water Well Disinfected: Yes. X 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 | | | | |
| Casing height above or below land surfacein. | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement (cement great) 3 Bentonite 4 Other | | | | |
| Grout Plug Intervals: Fromft. to. 7.5.ft., Fromft. toft., From toft. | | | | |
| What is the nearest source of possible contamination: | | | | |
| 1 Septic tank 2 Sewer lines | 6 Seepage pit | 11 Fuel storage | 16 Other (spe | ecify below) |
| 3 Watertight sewer lines 8 Sewage Lagoon 13 Insect | | 13 Insecticide store 14 Abandoned water w | age | |
| | | 15 Oil well/Gas well | | |
| Direction from well? Sauth How many feet? 20 | | | | |
| FROM TO PLL | JGGING MATERIALS | | | |
| 16' 7' BPA | Grave | | | |
| 7' 7.5" Bestonite | | | | |
| 7.5' Surface Cover dist | | | | |
| 7.3 Julyace Cover | 411 | | | |
| | | | | |
| | and the state of t | | | |
| | | | | |
| 7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)/ and this record is true to the best of my knowledge and belief. Kansas | | | | |
| Water, Well Contractor's License No. المنافقة Water, Well Record was completed on (mo/day/year) | | | | |
| by (signature) x (signature) x (signature) by (signature) x (signature) by (signa | | | | |
| 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.