1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Linn	NW 1/4NW 1/4 1/4	19	19	25 6
Distance and direction from nea		L		
3 Mi. North 3 1/2 Mi. East of LaCygne				
water well owner: Roy Ratcliffe				
RR#, St. Address, Box #: RR 1 Box 129 Board of Agriculture, Division of Water Resources City, State, ZIP Code: LaCygne, Kansas 66040 Application Number:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL3ft.				
N W N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	7 Lawn and Garden (8 Air Conditioning	Supply 10 Monitoring Only 11 Injection 12 Other.	g Well Yell J. USEA
	Was a chemical/bacteriological sample submitted to Department? YesNo.X. If yes, mo/day/yr sample was submitted			
S	water wett Distilled	ted. Tes. P.C 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				
Grout Plug Intervals: From3ft. to.25ft., Fromft. toft., From ft.				
What is the nearest source of possible contamination: Septic tank				
FROM TO PL	UGGING MATERIALS			
6' 3' BPA	Grave			
41 0 (1) 0 1	anite			
2.5" surface cover	dirt			
	A Section 1			
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. <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.