1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Washington	1/4 1/4 <b>511/</b> 1/4	14	/	2
Distance and direction from nearest towner city, street address of well if located within city?    DIVOUNTILE SOUTH SOUTH SOUTH   DIVINER:   DI				
City, State, ZIP Code: 1000000000000000000000000000000000000				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL WAS USED AS:	ER LEVEL\5./a	ft. oly 9 Dewaterin	
W	3 Feedlot E 4 Industrial		Supply 10 Monitorin Only 11 Injection 12 Other	n Well
Was a chemical/bacteriological sample submitted to Department? YesNo  If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes No				
TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other procify below 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well?		11 Fuel storage 12 Fertilizer storag 13 Insecticide storag 14 Abandoned water w 15 Oil well/Gas well How many feet?	ge age well	ecify below)
FROM TO PL	UGGING MATERIALS			
26 15/2 Chlor 15/2 3 Clay	imted Sand Soil	,		
011 0	onite			
0 10pg				
7 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.