Mus-3

						MW- J	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Linn			NE 1/4 NW1/4 SW/4	31	21	25 <i>E</i>	
Distance and direction from nearest town or city street address of well if located within city?							
1012 Main Street, Pleasanton, Kaneas							
WATER WELL OWNER: Mange id's Market							
RR#, St. Address, Box #: POBox 1546 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Manheffan KS 6650 Z Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
WELL'S STATIC WATER LEVEL 13.95 ft.							
	WELL WAS USED AS:						
	¦w	N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water			
w				7 Lawn and Garden	Only II Injection	Well	
" X				•		~ .	
	\w	S E	Was a chemical/bacto	eriological sample s	ubmitted to Departmen	t? YesNo.X.	
	If yes, mo/day/yr sample was submitted						
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							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other							
Grout Plug Intervals: From. 1.0 ft. to 20:3 ft., From. ft. toft., From. toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
2 Sewer lines 7 Pit privy 12 Fertilizer storage							
4 Lateral lines 9 Feedyard 14 Abandoned water well							
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? How many feet? FROM TO PLUGGING MATERIALS							
_	10		GGING MATERIALS				
0.0	0.5	Concret	<u>c</u>	_			
0.5	1.0	Koch	ravel				
1.0	10	Bentoni	Le Chips				
7 CONTRACTOR'S OR LANDDUNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year). S. J. J. Contraction and this record is true to the best of my knowledge and belief. Kansas							
Water Well Contractor's License No							
by (sig	gnature) /	from	w				
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.							