	WAIER WELL FLOGGING RECC	DED FORM WWO-SF ROA	02a-1212 10 NO	MW#7
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Harvey	NE' HW' NW'	8	23	1-E
Distance and direction from nearest town o	r city street address of well if lo	cated within city? Hwy New tow	Ks	MW#7
2 WATER WELLOWNER: Farm ECS	Grain's Loop			
RR #, St. Address, Box #: 2 4ナム オ	old 81 Hwy star Ks 67114	Board of Agriculture, Application Number:	Division of Water Resource	s
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	<u>20</u> ft		
N	WELL'S STATIC WATER	R LEVEL ft.		
X	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation	5 Public Water Supp6 Oil Field Water Su		•
W F	3 Feedlot	7 Domestic (Lawn &	Garden) 11 Injection	on Well
W E	4 Industrial	8 Air Conditioning	12 Other	***************************************
		iological sample submitte le was submitted		No
s	Water Well Disinfected:	Yes No		
5 TYPE OF BLANK CASING USED:			,	
 1 Steel 3 RMP (SR) 5 W	rought 7 Fiberg	lass 9 Other (Specify	below)	
PVC 4 ABS 6 A	sbestos-Cement 8 Concre	ete Tile		uch 9,67
Blank casing diameterin. Casing height above or below land	Was casing pulled? surface	in.		
6 GROUT PLUG MATERIAL: 1 No	eat cement 2 Cement gro		other	•
Grout Plug Intervals: From	ft. to ft.	, From ft. to	ft., From	to ft
What is the nearest source of poss	ible contamination:			
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	Fuel storageFertilizer storage	16 Other (sp	• •
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide storage		***************************************
4 Lateral lines	9 Feedyard	14 Abandoned water		
5 Cess Pool Direction from well? . Sey.たん	10 Livestock pens	15 Oil well/Gas welly feet? 306	l	
	GGING MATERIALS			
20 -1 Binton	ite 31g chips			
-1 0 topsoil	-			
				
7 CONTRACTOR'S OR LANDOWN on (mo/day/year)	ER'S CERTIFICATION: Th	is water well was plugge	ed under my jurisdiction to the best of my knowle	and was completed
Water Well Contractor's License No	575	Jhis'	Water Well Record was con	npleted on (mo/day/year)
by (signature)	e business name of	UNKEE DUUNA	SELVICE	
INSTRUCTIONS: Use typewriter or be	all point pen. <u>Please press f</u> ansas Department of Heal	<u>irmly</u> and <u>print</u> clearly. Plea	ase fill in blanks, underli	ne or circle the correct Kansas 66620-0001
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.				