| | <u> </u> | | | |
|--|--|---------------------------|---------------------------------------|---------------------|
| 1 LOCATION OF WATER WELL: | Fraction | Section Number | Township Number | Range Number |
| County: allen | 1/4E 174NW14 | 17 | 25 | 2/ |
| Distance and direction from nearest town or city street address of well if located within city? 3 Miles South of Highway 5 f at Mouan, 2 /4 miles last of Mouan 2 WATER WELL OWNER: RR#, St. Address, Box #: Route 2, Box 70 Board of Agriculture, Division of Water Resources City, State, ZIP Code: Mouan, Kansas 66 755 Application Number: | | | | |
| α | | | | |
| AN "X" IN SECTION BOX: | | well's static water level | | |
| WELL WAS USED AS: | | | | |
| N W N E | Domestic | 6 Oil Field Water 5 | Supply 10 Monitorin Only 11 Injection | g g Well Well |
| S W | Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted | | | |
| S | Water Well Disinfec | ted: 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 diameterin. Was casing pulled? Yes No If yes, how muchin. | | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | |
| Grout Plug Intervals: From. 3ft. toft., Fromft. toft., From toft. | | | | |
| What is the nearest source of possible contamination: | | | | |
| | to Livestock pens | 13 Off Wellydas Well | L | ecify below) |
| Direction from well? NF : How many feet? 150 | | | | |
| | UGGING MATERIALS | | | |
| 0 3 100 | soil | | | |
| 3 40H scree | nings | | | |
| | rops of Bentonite | | | |
| 43 96 Scre | enedos | | | |
| | | | | |
| | | | | |
| | | | | |
| 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.