				<del></del>
1 LOCATION OF WATER WELL:	raction Call	Section Number	Township Number	Range Number
County: ON OH NOR		19	abs	IE
Distance and direction, from neares	st town or city street	address of well if.	located within city?	
12 SO	Wh 0f531	an emeri	dian	
2 WATER WELL OWNER TO W	PC	+ 00 14		
RR#, St. Address, Box #: QQ S	Southweld	HELUCA. Board of Agri	culture, Division of	Water Resources
City, State, ZIP Code :	HUKS 677	Application N	umber:	
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL 3	<u>.</u>	ft.	
AN "X" IN SECTION BOX:	WELL'S STATIC WAT	ER LEVEL14	ft.	
	WELL WAS USED AS:			
		F 5 1 1 2 1 4 4 5 5 5 5 5		_
N W	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	Supply 10 Monitorin	g Well
L L L L L L L L L L L L L L L L L L L	3 Feedlot 4 Industrial	7 Lawn and Garden 8 Air Conditioning		
	- Tridustriat	5 XII 56.14.15		. /
S W S E	Was a chemical/bact	eriological sample s	ubmitted to Departmen	t? YesNo
	If yes, mo/day/yr s	ample was submitted.		
s	Water Well Disinfec	ted: Yes No	••••	
TYPE OF BLANK CASING USED:				
Steel 3 RMP (SR) 5 Wrough 2 PWC 4 ABS 6 Asbes		glass 9 Other ete Tile	(specify below)	
Blank casing diameter			No. If yes how	much 34
Casing height above or below to	and surface	in.	NO II yes, non	
6 GROUT PLUG MATERIAL: 1 Neat Q	ement (2)Cement gro	ut 3 Bentonite	4 Other	
Grout Plug Intervals: From	4 , 3 ,	. Fromft. t	oft., From	toft.
			· · · · · · · · · · · · · · · · · · ·	
What is the nearest source of				
		<ul><li>11 Fuel storage</li><li>12 Fertilizer stora</li></ul>	ge (16) Other (9)	Freto
3 Watertight sewer lines		13 Insecticide stor 14 Abandoned water		
	D Livestock pens	15 Oil well/Gas wel		
Direction from well?	• • • • • • • • • • • • • • • • • • • •	How many feet?		
FROM TO PLUG	GING MATERIALS			
211111 04 041	n			
24 19 Grav	<del>U</del>			
	<i>a</i> +			
143 (41)				
3 0 -10ns	NI			
CPS				
		_		
7 CONTRACTOR'S OR LANDOWNER'S CE on (mo/day/year)	RTIFICATION:This wate	r well was plugged u rd is true to the be	ınder my jurisdiction est of my knowledge an	and was completed d belief. Kansas
Water Well Contractor's Licens	e No. <i>319</i>	This Watter Well	Record was completed	on (mo/day/year)
by (signature)	nder the business nam	e on ver un.	Dr.i.ur.uz	
/ NOTICE	9059	and financial and maint after	why Please fill in blanks	underline or circle
INSTRUCTIONS: Use typewriter or ball point ben. <u>Please press firmly and 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.				