ID NO. ____

						
1 Co	LOCATION OF WATER WELL:	Fraction WWW 14	Section Number	Township Number	Range Number	
Distance and direction from nearest town or city street address of well if located within city?						
See below)						
2 WATER WELLOWNER: Mildreth Wood Worth RR #, St. Address, Box #: 3252 Cooling Board of Agriculture, Division of Water Resources Application Number:						
_	City, State, ZIP Code : WICOUTA, KS 6 120 4 Approximation					
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	t t			
WELL'S STATIC WATER LEVEL ft.						
	N	WELL WAS USED AS:				
	N W N E		5 Dublic Water Cuppl	t 9 Dowe	to day	
	I I I	1 Domestic 2 Irrigation	5 Public Water Suppl 6 Oil Field Water Sup	oply 10 Monito	tering oring Well	
w	E	3 Feedlot	7 Domestic (Lawn & Air Conditioning	Garden) 11 Injection	on Well	
"		4 muusinai	•			
	S W S E Was a chemical / bacteriological sample submitted to Department? Yes					
	if yes, mo/day/yr sample was supmitted					
	S	Water Well Disinfected: Ye	es No			
┟┰						
5 TYPE OF BLANK CASING USED:						
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify Jelow)					
	14/2					
	Blank casing diameterin. Casing height above or below land	Was casing pulled? surface in.			luch	
6	6 GROUT PLUG MATERIAL: 1 Neat cement 2 cement grout 3 Bentonite 4 Other					
لـّا	Grout Plug Intervals: From					
	What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage (16) Ofther (specify-belgw)					
	2 Sewer lines	7 Pit privy	12 Fertilizer storage		USU	
	3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon9 Feedyard	13 Insecticide stora14 Abandoned water	•		
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? QQS How many feet?						
,						
FROM TO PLUGGING MATERIALS						
L	27/16 (nu	we				
		·				
	100	MO18-				
			—			
_						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed						
Ш	on (mo/day/year) O 19 19 19 19 19 19 19 19 19 19 19 19 19					
	Water Well Contractor's License No					
by (signature)						
INSTRUCTIONS: Use typewriter or ball point pend Please press firmly and print 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.						
l ie	Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.					