		NE SE SW NW	DAD LOUIS MAAC-25 K2W	402a-1212 ID NO		
1	LOCATION OF WATER WELL:	Fraction Law Kill Committee	Section Number	Township Number	Range Number	
닍	ountry Sedd W II'C K	Made A Second	17	-2166	IF	
	stance and direction from nearest town o	or city street address of well if k	cated within city?	1 00		
see below						
2 WATER WELL OWNER: BU STEIN						
Н	RR #, St. Address, Box #5857 F	amstrong		, Division of Water Resource	es	
<u> </u>	City, State, ZIP Code : Wichte	2,KS 67-704	Application Number:	-		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:					
	N	WELL'S STATIC WATER	ŁEVEL ft.			
		WELL WAS USED AS:				
	N W N E	1 Domestic	5 Public Water Supp		•	
		2 Irrigation 3 Feedlot	7 Jomestic (Lawn &		oring Well on Well	
w	X E	 				
	S W ———————————————————————————————————	Was a chemical / bacter	iological sample submitte	ed to Department?Yes	No	
		If yes, mo/day/yr sample was submitted				
		Water Well Disinfected:	Yes No			
_	s					
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					
6	GROUT PLUG MATERIAL: 1 Neat cement 2 ement grout 3 Bentonite 4 Other					
	Grout Plug Intervals: From					
	What is the nearest source of possible contamination:					
	1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)	
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		rside	
	4 Lateral lines	9 Feedyard	14 Abandoned water	er well	Puc.	
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas well			
Direction from well? How many feet?						
F	FROM TO PLU	JGGING MATERIALS				
	26 10 Ma	W ()				
	2 3					
	19 00M	011-				
	10 0 Caro					
7	7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed					
	on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. under the business name of Well Contractor's License No. under the business name of Well Contractor's License No.					
by (signature) William (1976)						
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.						
10	hepitorie. 700/230-0000. Octidorie to V	valer vven overier and retain or	ie ioi youi roooras.			