County: Stage Williams and direction from nearest town or city street address of well if located within city?  2 WATER WELL OWNER: RR #, St. Address, Box #: City, State, ZIP Code : Williams and State County Application Number:  3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  WELL WAS USED AS:  4 DEPTH OF WELL ft. WELL WAS USED AS:  5 Public Water Supply 9 Dewatering 10 Monitoring Well 12 Other 11 Injection Well 14 Industrial 8 Air Conditioning Well 12 Other 12 Other 15 Other 15 Other 15 Other 16 Other 16 Other 17 Other 17 Other 17 Other 18 Other 19 Ot	1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
Distance and displace from nearest town or city street address of well if located within city?  2 WATER WELL OWNER RR #, St. Address, Box #:  WHATER WELL SOCATION WITH AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL.  **UNTITUDE OF BLANK CASING USED:  **SW**  **SE**  **UNEL'S STATIC WATER LEVEL.  **UNEL'S STATIC WATER LEVEL.  **UNEL'S STATIC WATER LEVEL.  **SW**  **SE**  **WELL WAS USED AS:  **Domestic**  **Domestic**  **S Public Water Supply*  **S Dewatering**  **S Dewatering**  **SW**  **SE**  **Well Disinfected: Yes**  **No.  **SW**  **SE**  **Well Disinfected: Yes**  **No.  **Social State Stat		ASIAS ASIAS E		76	1
2 WATER WELL OWNER: RR #, St. Address. Box # City, State, QP Code		city street address of well if loca	ated within city?	70	J.W
RR 4, St. Address, Box 8:  Ciry, State, ZIP Code	445 4	1481 5+	N.		
Application Number:    Application Number:	2 WATER WELL OWNER:	-1	//		
WELL'S STATIC WATER LEVEL	RR #, St. Address, Box #: City, State, ZIP Code : Wrd	ita, KS 672			ces
WELL STATIC WATER LEVEL.  No. NE	I WAR WELL BEON WORK WITH				
Was a chemical / Seedido / Pomestic (Lawn & Gardern)   10 Monitoring Well   11 Officing Well   12 Officing W			R LEVEL ft.		
2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 12 Other					
Was a chemical / bacteriological sample submitted to Department? Yes	NE NE				
Was a chemical / bacteriological sample submitted to Department? Yes		3 Feedlot	7 Domestic (Lawn & G	arden) 11 Injection	Well
Water Well Disinfected: Yes   No   No   No   No   No   No   No   N	\"\ <b>X</b> \\	4 Industrial	8 Air Conditioning	12 Other	
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 diameter	SW SE				No
TYPE OF BLANK CASING USED:    Steel		Water Well Disinfected: Ye	No		
Sleel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)  8 Concrete Tile  Blank casing diameter 1 Was casing pulled? Yes No If yes, how much	TYPE OF BLANK CACING HOFB.				
Blank casing diameter	$\Box$	rought 7 Fiberal	oo Othor (Specify b	olow)	
Casing height above of bellow and surface in.  GROUT PLUG MATERIAL: 1 Neat rement 2 Cement grout Grout Plug Intervals: From to to the fit. From to the fit. Fro			te Tile		
Grout Plug Intervals: From		Was casing pulled?		If yes, how mu	ch
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)  2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Cas well  Direction from well?  FROM TO PLUGGING MATERIALS  Benton Ide  CONTRACTOR'S OF LANDOWNERS 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.  This Water Well Record was completed on (mo/day/year) under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct				Other	
1 Septic tank 6 Seepage pit 7 Pit privy 12 Ferrilizer storage 16 Other (specify below)  2 Sewer lines 8 Sewage lagoon 13 Insecticide storage 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well  4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well  FROM TO PLUGGING MATERIALS  7 CONTRACTOR'S OF LANDOWNERS 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. This Water Well Record was completed on (mo/day/year) under the business name of by (signature) Instructions: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct		•	, Fromft. to	ft., From	to f
3 Waterlight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? How many feet?  FROM TO PLUGGING MATERIALS  PLUGGING MATERIALS  O 15 Benton T/C  TO PLUGGING MATERIALS  This water well was plugged under my jurisdiction and was completed on and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  Material Record was completed on (mo/day/year)				40.04	*
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well  Direction from well?	2 sewer lines				•
5 Cess pool Direction from well? How many feet?  FROM TO PLUGGING MATERIALS  Benton THE  7 CONTRACTOR'S OF 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.  Water Well Contractor's License No.  Under the business name of the public of the print clearly. Please fill in blanks, underline or circle the correct				well	
FROM TO PLUGGING MATERIALS    Dentonide				ven	
7 CONTRACTOR'S OF 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.  This Water Well Record was completed on (mo/day/year) under the business name of by (signature)  INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct	Direction from well? £35.7		feet?		
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INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct		the business name of	This Wa	ter Well Record was com	pleted on (mo/day/year)
INSTRUCTIONS: Use typewriter or ball point pen. 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, Geology Section, 1000 SW Jackson	by (signature)	Wungh			
answers. Send ton three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson	INSTRUCTIONS: Use typewriter or ba	Il point pen. <u>Please press fir</u>	mly and print clearly. Plea	se fill in blanks, underlin	e or circle the correct
St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.	answers. Send top three copies to Kar	sas Department of Health a	nd Environment, Bureau o	of Water, Geology Section	on, 1000 SW Jackson