1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Shawink	NE1/4 NE1/4 NE	万	265	IF
Distance and direction from nearest town or city street address of well if located within city?				
see below				
2 WATER WELL OWNER: Chuck & Mary Traver				
RR#, St. Address, Box #: 329 & 7740 N. Board of Agriculture, Division of Water Resources City, State, ZIP Code: Color KS6744 Application Number:				
MARK WELL'S LOCATION WITH DEPTH OF WELL				
N WELL'S STATIC WATER LEVELft.				
WELL WAS USED AS:				
n'w	Domestic Insigntion	5 Public Water Sup 6 Oil Field Water		-
	2 Irrigation 3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well
W	E 4 Industrial	8 Air Conditioning	12 Other	
S W————————————————————————————————————				
If yes, mo/day/yr sample was submitted				
Water Well Disinfected: 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 much				
Casing height above or below land surfacein.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 dement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From \mathcal{L} ft. to \mathcal{L} ft., From ft. to ft., From ft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	Other (sp.	ecify below)
2 Sewer lines 3 Watertight sewer lines		12 Fertilizer storag13 Insecticide storag	-	K
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water (15 Oil well/Gas wel		
Direction from well? How many feet?				
- KOM 10 PLC	JGGING MATERIALS	_		
50 10 gru				
10 Cly				
			4	•
			**	-
	· · · · · · · · · · · · · · · · · · ·			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
induction on (mo/day/year)				
Water Well Contractor's License No. 2.0. This Water Well Resort was completed on (mo/day/year)				
by (signature) . M. Ch. M. C.				
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.				