one for your records.

[]			-		
1 LOCATION OF WATER	WELL:	Fraction (F	Section Number	Township Number	Range Number
County: SOUWIC	K. F	X1/4XV1/4>4/14	18	465	IE _
Distance and direction from nearest town or city street address of well if located within city?					
1640 W. 53-A N.					
2 WATER WELL OWNER WHENCOM GENERAL					
RR#, St. Address, Box #:749 N. West Board of Agriculture, Division of Water Resources City, State, ZIP Code: Nichtz VC 13702 Application Number:					
Madia No 01205					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
N WELL'S STATIC WATER LEVELft.					
		WELL WAS USED AS:			
N W	_N E	1 Domestic	5 Public Water Supp	oly 9 Dewaterin	
		2 Irrigation 3 Feedlot	Oil Field Water S 7 Dawn and Garden C		
w	E	4 Industrial	8 Air Conditioning		I
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo 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					
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 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From ft. toft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					
			12 Fertilizer storag 13 Insecticide stora	€ .₩ 	le builting
4 Lateral lines 9		9 Feedyard	14 Abandoned water w 15 Oil well/Gas well	ell	Q
,					
Direction from well? How many feet?					
FROM TO PLUGGING MATERIALS					
25 10	OK Û	WX.			
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100	nom	011			
10 0			_	. *	
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	-	10 7 101 1 1			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed					
on (mo/day/year)					
Water Well Contractor's License No. 518					
	THE CITES	enges		nint algorithm 71	4:11 := 515-
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain					