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| _ | | 70 70 70 70 | | | T | |
|--|--|---------------------------|---|--|--|--|
| 1 Co | LOCATION OF WATER WELL: | Fraction 1/4 81/4 | Section Number | Township Number | Range Number | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | |
| 2 WATER WELL OWNER: PHUDYUNS | | | | | | |
| RR#, St. Address, Box #: 4805 Sultivan Foord of Agriculture, Division of Water Resources City, State, ZIP Code: Wich Holling Application Number: | | | | | | |
| 3 | MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft. | | | | | |
| | N WELL'S STATIC WATER LEVELft. | | | | | |
| | N WN E | WELL WAS USED AS: | 5 Public Water Supp | oly 9 Dewaterin | a | |
| | | 2 Irrigation 3 Feedlot | 6 Oil Field Water 5 | Supply 10 Monitorin Only 11 Injection | g Well Well | |
| ۱ ۱ | | -E 4 Industrial | 8 Air Conditioning | 12 Other | ······································ | |
| | Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted | | | | | |
| | Water Well Disinfected: Yes No | | | | | |
| 5 | | | | | | |
| ľ | 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: Fromft. 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) 2 Sewer lines 7 Pit privy 12 Fertilizer storage | | | | | |
| | 3 Watertight sewer lines 4 Lateral lines | 9 Feedyard | 13 Insecticide store 14 Abandoned water w | iell | nouse | |
| | 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? | | | | | |
| | FROM TO PLUGGING MATERIALS | | | | | |
| | 25 10 au | WE | | | | |
| | 10 0 | 00.0 11-1 | | | | |
| | 10 0 0 | TUNT | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| 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. 2 % | | | | | | |
| INSTRUCTIONS: Use typewriter or ball point per. 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 | | | | | | |
| | one for your records. | | | | | |