1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County:	iedar	vic.K.	NE1/45E1/45W1/4	15	26	2E
Distance and direction from nearest town or city street address of well if located within city?						
155 N. East ST. 2 WATER WELL OWNER: CI; FFORD E. LOVE						
RR#, St. Address, Box #: 155 N, East ST Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: Greenwich KS-67055 Application Number:						
	ELL'S LOCAT			80		
	N		WELL'S STATIC WATER LEVEL. 20ft.			
			WELL WAS USED AS:			
N N	\w	N E	1 Domestic	5 Public Water Sup 6 Oil Field Water		
u			3 Feedlot E 4 Industrial		Only 11 Injection	n Well
		X				
s	'w	—s E	Was a chemical/bacto	eriological sample s ample was submitted.	ubmitted to Departmen	it? YesNoX.
				ted: Yes. X. No		
S						
5 TYPE OF BLANK CASING USED:						
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						
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. to 3 ft., From 3. ft. to ft., From to ft.						
		est source o	f possible contamination		44	
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (sp ge	ecify below)
3 Watertight sewer lines 4 Lateral lines			8 Sewage lagoon 9 Feedyard	13 Insecticide store	age well	
5 ces	s Pool		10 Livestock pens	15 Oil well/Gas well		
Direction from well? WeST. How many feet?						
FROM	то	PLU	JGGING MATERIALS			
_3	0	Ce	menTG-100	I		
10	3		ToniTe	_		
60	10	5UB	Soil			
80	60	Sano	d / BL			
				<u> </u>		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 4/19/96 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 This Water Well Record was completed on (mo/day/year) by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks						

INSTRUCTIONS: Use type#riter 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.