1 LOCATION OF WATER WELL:	Fraction SE1/SW/SW/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: Dondling Box 398 RR#, St. Address, Box #: 2656 S. Sharidan Box 398 City, State, ZIP Code: Wichta, KS 107201-Day Scation Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	WELL'S STATIC WATE WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical/bacte	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden C 8 Air Conditioning	oly 9 Dewaterin Supply 10 Monitorin 11 Injection 12 Other	g Well Well
s	Water Well Disinfect	ted: Yes	••••	
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				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft. What is the nearest source of possible contamination:				
2 Sewer lines 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens		11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well How many feet?	ge rell	ecify below)
FROM TO PLU	JGGING MATERIALS			
36 8 gna	vel			
8 26 ben 26 0 top	tonite Soil			
7 CONTRACTOR'S OR LANDOUNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				

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.