1 LOCATION OF WATER WELL:	Fraction SE 1/4SE 1/4SE/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: VINGINA MCCOLLING				
RR#, St. Address, Box #: 1835 - Hydralic Board of Agriculture, Division of Water Resources City, State, ZIP Code: William KS Application Number:				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVELft.  WELL WAS USED AS:				
N W N E E	Was a chemical/bacte	5 Public Water Suppose Sil Field Water S 7 Dawn and Garden C 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection 12 Other  Abmitted to Departmen	g Well Well
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 ther (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.				
GROUT PLUG MATERIAL: 1 Neat cement 2 Comment grout 3 Bentonite 4 Other				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ge	ecify below)
Direction from well?				
FROM TO PLUC	GGING MATERIALS			
25 12 gra	vel			
12 0 cem	ent	_		الغوافة
CONTRACTOR'S OR LANDOWNER'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.				