County: Sed MWICK	SE NE	St 1/4	30	275	16	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: 11.11						
RR#, St. Address, Box #: 11004 E. HWY40 SULC 132 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Independence, MO 64055 Application Number:						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
	WELL WAS US	ED AS:				
N W E	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Jawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other					
s w s E X	Was a chemical/bacteriological sample submitted to Department? YesNo.X.  If yes, mo/day/yr sample was submitted					
S	Water Well Di	sinfect	ed: YesX No			
TYPE OF BLANK CASING USED:			<u>`</u>	)		
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify be each 1) Steel 3 RMP (SR) 5 Wrought 10 Steel 3 RMP (SR) 5 Wrough 10 Steel 3 RMP (SR) 5 Wrough 10 Steel 3 RMP (SR) 5 Wrough 10 Ste						
Blank casing diameterin. Was casing pulled? Yes No If yes, how much						
GROUT PLUG MATERIAL: 1 Neat cement 2 ement grout 3 Bentonite 4 Other						
What is the nearest source of possible contamination:						
<pre>2 Sewer lines 3 Watertight sewer lines 4 Lateral lines</pre>	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 0 Livestock pens		11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ge	raq	
Direction from well?			How many feet?			
FROM TO PLUG	GING MATERIALS					
25 10 gru	Wex					
10 0 Cen	eut					
CONTRACTOR'S OR LANDOUNER'S CE on (mo/day/year)	and this	record	d is true to the bes	t of my knowledge and	l belief. Kansa	

by (signature)

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.