	ON OF WATER		Fraction SW NW NE SW	Section Number	Township Number	Range Number
County: 5	£061	DICK	360 1/4 Ex 1/4 May 1/4	7	27	15
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: CONNAILE DIVON						
RR#, St. Address, Box #:1335 Crystal way - H City, State, ZIP Code: DELPAY BEACH, FL. 33-144pplication Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVELft.						
	X					
N	¦₩	N E	1 Domestic	1 Domestic 5 Public Water Supply 9 Dewatering (2 Irrigation) 6 Oil Field Water Supply 10 Monitoring Well		
			3 Feedlot E 4 Industrial	7 Lawn and Garden Only 11 Injection Well 8 Air Conditioning 12 Other		
"	0	*	- mastrat	5 A		
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. X						
Water Well Disinfected: Yes No.						
s						
5 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 diameter. A						
Blank casing diameter. (10.7in. Was casing pulled? Yes No If yes, how muchin. Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 other (s 2 Sewer lines 7 Pit privy 12 Fertilizer storage						ecify below)
	tertight se teral line	ewer lines s	8 Sewage lagoon 9 Feedyard	13 Insecticide stor	age LOIMA	U X
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM TO PLU			UGGING MATERIALS			
30	0	reat	Cement			
			· · · · · · · · · · · · · · · · · · ·			
					•	
				\rightarrow \wedge	num	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed						
on (mo/day/year).11.13.99 and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's License No						
by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.						