Stance and direction from nearest town or city street address of well if located within city?   WATER WELL OWNER: ADDIN THE Not of the Stance and direction from nearest town or city street address of well if located within city?   WATER WELL OWNER: ADDIN THE Not of the Stance and direction from nearest town or city street address of well if located within city?   WATER WELL OWNER: ADDIN THE NOT OWNER: A									
Distance and direction from nearest town or city street address of well if located within city?  WATER WELL WARES:  WATER WELL WARES:  BOARD OF ANY IN SECTION BOX:  AN "X" IN SECTION BOX:  WELL WAS USED AS:  Domestic 5 Public Nater Supply 9 Denatering 6 Jan Water Well Disinfected: Yes	1 LOCATI	ON OF WATER WEI	LL:	Fraction SW NWSWNE	Section Number	Township	Number	Range	Number
MATER WELL OWNER: COBIN THE RESULT OF THE RE	County: 2	Sedamic	h	9921/4 19601/4 584-1/4	34	T27	<b>'</b> S	21	E
REW, St. Address, Box #: 240/ EVA	Distance	and direction	from near	rest town or city street	address of well in	f located wit	hin city?	•	
Board of Agriculture, Division of Water Resources City, State, 21P Code    City, State, 21P Code   Cit	I. U	Sichita,	<del></del>						
Board of Agriculture, Division of Water Resources City, State, 21P Code    Stark Well's Location with An "X" In SECTION SOX:   Well's STATIC MATER LEVEL.   The Well Static Water Supply	2 WATER	WELL OWNER:	Obin	HICKEN BO	PER				
DEPTH OF WELL.   STATIC WATER LEVEL.   STA	RR#, St. City, Sta	Address, Box # ite, ZIP Code	: 27 : W/	MILE ILA	Board of Agri	iculture, Div Number:	ision of	Water Res	ources
N WELL'S STATIC WATER LEVEL	MARK W	ELL'S LOCATION	WITH	4 DEPTH OF WELL	<i>3</i> 5	ft.			
Domestic 5 Public Water Supply 6 Oil Field Water Supply 10 Monitoring Well 11 Injection Well 11 Injection Well 11 Injection Well 12 Other	AN "X"		<b>.</b>	WELL'S STATIC WATE	R LEVEL. <b>2</b>	ft.			
Seeder   S	./			WELL WAS USED AS:					
If yes, mo/day/yr sample was summitted	Softwarf	W N	EE	3 Feedlot	6 Oil Field Water Lawn and Garden	Supply 10 Only 11	Monitorin Injection	g Well Well	
Type OF BLANK CASING USED:  1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)  2 PVC GAB 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter	a large	s	E	Was a chemical/bacte If yes, mo/day/yr sa	riological sample s mple was submitted.	submitted to	Departmen	t? Yes	.NoX.
5 TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR) 5 Wrought 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter		Pu wsn 00		Water Well Disinfect	ed: Yes No.	<b>X</b>			
1 Steel IRMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC AB 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter	5 TYPE O	· · · · · · · · · · · · · · · · · · ·							
Blank casing diameter		_			.l 0.04h	damaaidu kal			
GROUT PLUG MATERIAL Neat cenery: 2 Cement grout 3 Bentonite 4 Other.  Grout Plug Intervals: From. 2.ft. to. 1.ft., Fromft. toft., Fromft. toft. toft., Fromft. toft., Fromft. toft. toft., Fromft. toft., Fromft. toft. toft. toft. toft. toft. toft. toft. to	I	4 AB				(specity bet	ow)		
Grout Plug Intervals: From. 2.ft. to. 0.ft., Fromft. toft., Fromtoft.  What is the nearest source of possible contamination:  1 Septic tank	Blank Casing	casing diameter	r	in. Was casing p	ulled? Yes	No M If	yes, how i	much	•••••
Grout Plug Intervals: From. 2.ft. to. 0.ft., Fromft. toft., Fromtoft.  What is the nearest source of possible contamination:  1 Septic tank	6 GROUT	PLUG MATERIAL	1 Neat	cement 2 Cement grou	t 3 Bentonite	4 Other			
What is the nearest source of possible contamination:    1 Septic tank		7	<b></b>						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well  Direction from well?		-	_				110		
To Plugging Materials  7 Pit privy To Water tight sewer lines To Beedyard To Plugging Materials  7 Contractor's Or Landowner's Certification: and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.  This Water Well Record was completed on (mo/day/year)  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 Landown Property Contractor of Water, Topeka, Kansas Landown Property Contractor of Water, Topeka, Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas Landown Property Contractor of Water, Topeka, Kansas Department of Health and Environment, Bureau of Water, Topeka, Kansas Landown Property Contractor of Water, Topeka, Kansas Property Contractor of Water of Water, Topeka, Kansas Property Contractor of Water of			source of	possible contamination	:				
TO PLUGGING MATERIALS  25 CENTENT  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	2 Se 5 Wa 4 La	wer lin <b>e</b> s t <del>ertig</del> nt sewer teral lines		7 Pit privy 8 Sewage lagoon 9 Feedyard	<ul><li>12 Fertilizer stora</li><li>13 Insecticide stor</li><li>14 Abandoned water</li></ul>	ige rage well	Other (sp	ecify bel	ow)
TO PLUGGING MATERIALS  25 CENTENT  CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)	Direct	ion from well?		******	How many feet?	?			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) by (signature) 100 (mo/day/year) 100 (mo/day/ye	FROM	то	PLU			ı			
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					-				
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on (mo/day/year)	7 CONTRA	CTOR/S OD LAND	JUNEDIO C	EDITIFICATION.This water	well was plugged :	ından me ivri	ediction :	and use -	omolo÷a-
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	on (mo	/day/year) Well Contractor	 's licen	and this recor	d is true to the be	st of my kno	aledge and	belief.	Kansas
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	by (si	gnature)	1-0	under the buciness name	of				
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					vice en	, pl ::::			
	the correc	t answers. Send t	top three	copies to Kansas Departme	s firmly and print clea ent of Health and Envi	irly. Please fill ironment, Bure	eau of Wate	underline er, Topeka	or circle ı, Kansas