1 LOCATION OF WATER WELL:	Fraction NV N	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: MUTCH Shive F RR#, St. Address, Box #: 8443 65 (1351). Board of Agriculture, Division of Water Resources				
City, State, ZIP Code :				
AN "X" IN SECTION BOX:	WELL'S STATIC WATER	LEVEL	ft.	
*	WELL WAS USED AS:			
W E	2 Irrigation 6	Public Water Supp Coil Field Water S Lawn and Garden C Air Conditioning	Supply 10 Monitoring	g Well Well
s ws E	Was a chemical/bacterio			t? YesNo
Water Well Disinfected: Yes.X No				
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				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
2-Sewer lines 3 Watertight sewer lines 4 Lateral lines	7 Pit privy 12 8 Sewage lagoon 13 9 Feedyard 14 0 Livestock pens 15	Fuel storage Fertilizer storag Insecticide stora Abandoned water w Oil well/Gas well w many feet?	nge Hell	ecify below)
FROM TO PLUGGING MATERIALS				
2410 gra	wel			
10 3 00m	0 N-F			
30 1005	DU DU			
		·		
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.				