1		ON OF WATE	R WELL:	Fraction SW SW /		Section Number	Township Number	Range Number
	unty: <	AC IV C	MICK	May 14 Sand 1/4 84		Zg	T285	RIE
Di							located within city?	
		ascm	_	•		WICHIT	4 KS 67	2[]
2	WATER	WELL OWNER	•	1. Synstege				į.
RR#, St. Address, Box #: 1339 5. The Board of Agriculture, Division of Water Resources Application Number: Unknown								Water Resources
3		ELL'S LOCA		4 DEPTH OF WEL	L	B	ft.	
	AN "X"	IN SECTIO	N BOX:	WELL'S STATI	C WATER	LEVEL	ft.	
		I		WELL WAS USE				
				WELL WAS USE	U AS:			
	N	, W	N E	1 Domesti 2 Irrigat		Public Water Supp Oil Fie <u>ld Water</u>		•
				3 Feedlot	7	Lawn and Garden (11 Injection	Well
W				4 Industr	ial 8	Air Conditioning	12 Other	• • • • • • • • • • • • • • • • • • • •
		l		llas a shanifact	(XX
	s	×	S E				ubmitted to Departmen	t? YesNo:\
						l: Yes.X No		
		S		water well Dis	intected	: Yes. J : NO	••••	
5	TYPE O	F BLANK CA	SING USED:	<u> </u>				
•	2 PVC 4 ABS 6 Asbestos-Cement 7 Fiberglass 9 Other (specify below) 8 Concrete Tile							
	Blank casing diameter							
	Casing	height ab	ove or below	land surface	. Z	in.	10-4 11 yes, now 1	INCII
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Mentonite 4 Other							
┙								
	Grout Plug Intervals: From 1.8 ft. to 1.4 ft., From 1.4 ft. to 1.4 ft., From 1.4 ft.							
	What is the nearest source of possible contamination:							
				6 Seepage pit		1 Fuel storage 16 Other (specify below)		
=			7 Pit privy 8 Sewage lagoon		12 Fertilizer storage W.A.M. MAS			
	4 Lat	teral lines		9 Feedyard	14	Abandoned water w	rell	,
	5 Ces	ss Pool		10 Livestock pens	15	Oil well/Gas well		
	Directi	ion from we	ell?		Но	w many feet?		
	FROM	то	PLU	GGING MATERIALS]		
	1	0						
			Cen	<u>nent</u>				
	18		Ben	tonite / b	RAC	<u></u>		
				•				
						1		
7	CONTRAC	TOR'S OR I	ANDOWNER'S C	ERTIFICATION: This	water w	J ell was plugged un	nder my jurisdiction a	and was completed
	on (mo/	day/year)			record	is true to the bes	t of my knowledge and	belief. Kansas
	water V	ell Contra	actor's Licen	under the busines	s name o	This Water Well	t of my knowledge and Record was completed	on (mo/day/year)
	by (sig	nature)		··· Cution V	1	2		
IN	STRUCT	IONS: Use	typewriter or l	pal point pen. Pleas	se press fi	rmly and print clear	lv. Please fill in blanks.	underline or circle

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.