1	LOCATIO	N OF WATER	WELL:	Fraction SE NE NW NE	s	ection Number	Townsh	ip Number	Range Number	
Cc	ounty:	EDGU	ITCK	114 HE 14 NET!	4	22	T	275	RIF	
Di	stance a	and directi	ion from nea	rest town or city str	eet ad	dress of well if	located	ithin city?		
Rumohouselshed 417 N. Volutsia										
2 WATER WELL OWNER: Mary Wilson RR#, St. Address, Box #: 417 Novotutsia Board of Agriculture, Division of Water Resources										
RR#, St. Address, Box #: 417 No Votutsia Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wiss. taks Application Number: When the state of the state o										
3	MARK WE	LL'S LOCAT		4 DEPTH OF WELL		9				
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL										
WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering										
								Q Dewaterin		
	N	W	N E	2 Irrigation	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well					
١,	,			3 Feedlot E 4 Industrial		Air Conditioning		12 Other		
									×	
	S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted									
	Water Well Disinfected: Yes. No									
S water wett Dismiected: 1essis No										
5	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. 2.1.2 in. Was casing pulled? Yes No If yes, how much									
6										
Ľ	Grout Plug Intervals: From. 7ft. toft., From									
	•									
	What is the nearest source of possible contamination:									
	1 Septic tank 6 Seepage pit 11 Fuel storage 45 Other (specify be 2 Sewer lines 7 Pit privy 12 Fertilizer storage								ecity below	
	3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard					Insecticide stora Abandoned water				
	5 Cess Pool 10 Livestock pens 15 Oil well/Gas well									
	Direction from well?E.AS.T									
	FROM TO PLUGGING MATERIALS									
	2	0	Len	ment						
Г	9	7	Ben	tnite / blea	و۲					
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H										
-										
-										
-										
7 CONTRACTOR ON LANDOUNED CONTRACTOR This was a sale of the sale o										
on (mo/day/year)										
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was complete on (mo/day/year)										
by (signature)										
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle										
ti	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.									
1										