1 C(LOCATION OF WATER WELL:	Madion SUNTE	Section	Number / 8	Township Number	Range Number	
Distance and direction from nearest town or city street address of well if located within city?							
2	2 WATER WELL OWNER: WILLOWNER: Board of Agriculture, Division of Water Resources City, State, ZIP Code: William K. Application Number:						
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N DEPTH OF WELL						
w	N W N E - E	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical / bacterio If yes, mo/day/yr sample Water Well Disinfected: Ye	Oil F 7 Dom Air C		pply 10 Monito Garden) 11 Injectic 12 Other d to Department?Yes	ring Well on Well	
5	TYPE OF BLANK CASING USED:	4					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 other (Specify below) 2 PVC 4 ABS Asbestos-Cement 8 Concrete Tile Blank casing diameter							
6							
	Grout Plug Intervals: From What is the nearest source of poss 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool		11 Fu 12 Fe 13 In: 14 Ab	uel storage ortilizer storage secticide stora oandoned wate I well/Gas well	ge and an and an	ecity below)	
Direction from well? How many feet?							
1	TO PLU	GGING MATERIALS	_				
	100 CLM	JT					
7	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) under the business name of by (signature)						
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.							