KSA 82a-1212

1 LOCATION OF W	ATER WELL:	Fraction	Section Number	Township	Number	Range	Number
County: Sach wish		5 14 NW4 3E 14	Li	,		\ \	E.
Jecry	from pearest town o	r city street address of well if le	cated within city?	27		1	
1		A / Jan					
2 WATER WELL OW	NER: El Daso	Merchant Energy levada	gy Refroleum	co			:
RR #, St. Address, I	Box #: 2. 4.	levada	Board of Agriculture	, Division of Wat	er Resource	s	
City, State, ZIP Cot	Coloro	00,501,195,60 8	0703 / pinoanien / tambén				
MARK WELL'S LO AN "X" IN SECTI	OCATION WITH ON BOX:	4 DEPTH OF WELL					
N		WELL'S STATIC WATER	R LEVEL 12.3 ft.				
		WELL WAS USED AS:					
N W	N E	1 Domestic	5 Public Water Supp		9 Dewat	•	
w	E	2 Irrigation 3 Feedlot	6 Oil Field Water Su7 Domestic (Lawn 8	Garden) (on Well	
"		4 Industrial	8 Air Conditioning				./
s w	X , E		riological sample submitte de was submitted		ent?Yes	No	
Water Well Disinfected: Yes No							
S		Trator from Dismission.					
5 TYPE OF BLANK CASING USED:							
1	` '	rought 7 Fiberg		y below)			
•	ameter					uch3.	
Casing height a	bove or below land	surface3.6	in.				
6 GROUT PLUG M	_	eat cement 2 Cement gro		Other			
Grout Plug Inter		37.8.ft. to3 ft	., From ft. to	o ft.,	From	to	ft
What is the nea	rest source of poss	ible contamination: 6 Seepage pit	Fuel storage	16	Other (sp	ecify below)	
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 8 Sewage lagoon	12 Fertilizer storag				
4 Lateral lines 5 Cess Pool		9 Feedyard	14 Abandoned wat 15 Oil well/Gas we	er well			
	well? 50. H. +	10 Livestock pens	y feet? Va. Fi ous	••			
		<u> </u>	y reet?	••••••			
FROM TO	PLU	GGING MATERIALS					
32.8 3	Me	at Cement					
3 0	10,	0 50/					
	/	2.11					
7 CONTRACTOR on (mo/day/year	'S OR LANDOWN r)/2.//.//	ER'S CERTIFICATION: Th	nis water well was plugg and this record is true	ed under my e to the best of	jurisdiction my knowle	n and was c dge and belie	ompleted of. Kansas
Water Well Contra	actor's License No 2004 under th	ER'S CERTIFICATION: TH	yne Chiston	Water Well Rec	ord was con	npleted on (mo	o/day/year)
by (signature)	Kusself C	w Kelding					
INSTRUCTIONS:	Use typewriter or b	all point pen. Please press	firmly and print clearly. Ple	ease fill in blan	ks, underli	ne or circle th	ne correct
Telephone: 785/296-	3565. Send one to V	Kansas Department of Heal Vater Well Owner and retain o	ne for your records.	ieau oi watei	, торека,	Nalisas 000	20-0001.