1 LOCAT	on of water well:	Fraction NW1/4 NE1/4	Section Number	Township Number	Range Number
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER	WELLOWNER: -	Levenson			
RR #, St. Address, Box #: 1207 m Board of Agriculture, Division of Water Resources City, State, ZIP Code : Wellit Ko 67203 Application Number:					
	WELL'S LOCATION WITH IN SECTION BOX:	4 DEPTH OF WELL	20 ft		
	N N	WELL'S STATIC WATER LEVEL			
N	W N E	WELL WAS USED AS: 1 Domestic	5 Public Water Supp	ly 9 Dewate	ering
w		2 Irrigation 3 Feedlot	Oil Field Water Su Domestic (Lawn &	pply 10 Monito Garden) 11 Injection	
		4 moustrial	8 Air Conditioning riological sample submitte		X
If yes, mo/day/yr sample was submitted					
	S	Water Well Disinfected:	Yes 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					
	casing diameterin height above or below land	. Was casing pulled?	Yes No in.	If yes, how m	uch
6 GROUT PLUG MATERIAL: 1 Neat cement 2 cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From					
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					ecify below)
2 Sewer lines		7 Pit privy	12 Fertilizer storag	e	
	/atertight sewer lines	8 Sewage lagoon	13 Insecticide store	•	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well?					
Direction from well?					
FROM	TO PL	UGGING MATERIALS		me of	
20	0 Com	ent Foul	- Daze	men	

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)					
4-10-07 under the pusiness name of 13-andres Paris 4-10-07					
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.