ID NO. \_\_

1 LOCATION OF WATER WELL:				Fi	raction NE SE NE SE	Section	n Number	Township	Number	Range	Number
Co	ounty:	Sola	weel	2 8/2	1/4 8 NG 1/4 Sold/4			マフ		1	E
Distance and direction from nearest town or city street address of well if located within city?											
L		3/25	,	nlo					-		
2	WATER	WELL OWNE			quest				_		
		Address, Box te, ZIP Code	#: 3/. : <u>w</u>	25 reli	to 130 67		pard of Agriculture, oplication Number:	Division of Wa		<b>s</b>	
3		WELL'S LOCA		4	DEPTH OF WELL	26	ft				
Г	AN A	N SECTION	BOX.		WELL'S STATIC WATE	R LEVEL .	5 ft.				
		<del>                                     </del>		1	WELL WAS USED AS						
	N	'w	I N E	]	1 Domestic		ublic Water Supp	lv.	9 Dewat	erina	
	"		1		2 Irrigation	6 C	il Field Water Su	pply	10 Monito	ring Well	
w				- E	3 Feedlot 4 Industrial		omestic (Lawn & ir Conditioning	Garden)	•	on Well	
		1					_	-l 4- D			. <b>X</b>
Was a chemical / bacteriological sample submitted to Department?Yes									J		
Water Well Disinfected: Yes No											
		S		-   <b>''</b> '	ater wen Distillected.	163	. 140				
5	TYPE	OF BLANK CA	SING USED:								
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
	2 PV				os-Cement 8 Conc					-	
	Blank Casing	casing diame g height abov	eter	. in. and surfa	Was casing pulled	? Yes	<b>X</b> No	If	yes, how m	uch	
6	1										
Grout Plug Intervals: From 26 ft. to ft., From ft., From ft. to ft., From ft											o ft
What is the nearest source of possible contamination:											
		eptic tank ewer lines			Seepage pit Pit privy		Fuel storage Fertilizer storage		Other (sp	-	•
	3 W	atertight sev	ver lines	8	3 Sewagé lagoon	13	Insecticide store	age	***************************************	•••••	•••••
4 Lateral lines 5 Cess Pool				Feedyard Utivestock pens		Abandoned water Oil well/Gas well					
Direction from well? East How many feet? 15											
<u> </u>					пож та	my reet?					
FROM TO PLUGG					G MATERIALS						
		0	Gn	ent	growt						
L					•						
_		<u> </u>								_	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugg on (mo/day/year)								d under my to the best of	jurisdictior my knowle	and was dge and be	completed lief. Kansas
	Water V	Vell Contracto	r's License N		/Z	D		Water Well Red			
	,	nature)	unde	uie ous	iness name of	D.	Starday 1	פקונעי	9-02	W	
  IN	ISTRUC	TIONS: Use	typewriter	or ball no	int pen. Please press	firmly and	print clearly. Plea	ase fill in blan	ks. underlii	ne or circle	the correct
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.											
	-					-					