W		Form WW		KSA 82	a-1212 ID NO.		
1	County: Service 1/4/VE/4	NINI	Section	Number	Township Number		
	Street/Rural Address of Well Location; if unknown, distr			eitioning S	T Z7 S	mation:	
	direction from nearest town or intersection: If at owner's	Global Positioning Systems (GPS) information: Latitude:					
	check here 1. 2825 n arbaneas						
	2029 Williams						
2 WATER WELL OWNER: Tink GPS unit (Make/Model:							
-	2 WATER WELL OWNER: RR#, St. Address, Box #: Z 8 7 5 n Or Control Collection Method: GPS unit (Make/Model: Topographic Map, Land Survey						
7 ~ 1							
3	MARK WELL'S LOCATION 4 DEPTH OF WELL _			<u> </u>			
	BOX: WELL'S	WELL'S STATIC WATER LEVEL/6ft					
	WELL W	AS USED A	S:				
	NW NE Dome	Domestic Public Water Supply Dewatering					
		ion 🗀		d Water Su		itoring	
W	W SW SE Was a chemical/bacteriological sample submitted to Department? Yes No N						
	S						
5	TYPE OF BLANK CASING USED:						
	Steel RMP (SR) Wrought Fiberglass Other (Specify below)						
	Steel RMP (SR) Wrought Fiberglass Other (Specify below) PVC ABS Sestos-Cement Concrete Tile						
	Blank casing diameter in. Was casing pulled? Yes No \ If yes, how much / Y'						
	Casing neight above of below land surfacein.						
	6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other						
6	6 GROUT PLUG MATERIAL: Neat cement Cement grout Bentonite Other						
	Grout Plug Intervals: From 6 ft. to 7 ft., From ft. to ft., From ft. to ft.						
	What is the nearest source of possible contamination: Septic tank Seepage pit Fuel storage Other (specify below)						
	Sewer lines Pit privy Fertilizer storage Cutel (specify below)						
	Watertight sewer lines Sewage lagoon Insecticide storage						
	Lateral lines Feedyard Abandoned water well Direction from well? East						
ĺ	Cess pool Dil Livestock pens Dil well/Gas well How many feet?						
	FROM TO PLUGGING MATER	JALS	FROM	ТО	PLUGGING	G MATERIALS	
	35 6 Sand 4 E	France	7				
	60 coment 9	rout					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 3-27-/ 4 and this record is true to the best of my knowledge and belief. Kansas Water							
completed on (mo/day/year) $\frac{3-27-14}{472}$ and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. $\frac{472}{472}$. This Water Well Record was completed on (mo/day/year) $\frac{3-27-14}{472}$ under the							
business name of Boardon Puno (Walls (signature))							
INSTRUCTIONS: Use typewriter or ballpoint pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the							
INS	SIKUCTIONS: Use typewriter or ballpoint pen. Prect answers. Send ton three copies to Kansas Danoi	ease press fil	rmly and pri	nt 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, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5524. Send one to Water Well Owner and retain one for your							
records. Visit us at http://www.kdheks.gov/waterwell/index.html.							