1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: SOLIMON	NE1/4 SE1/4 NE1/4	38	970	16	
Distance and direction from nearest town or city street address of well if Cocated within city?					
2 WATER WELL OWNER: TOM LILD IN TIT					
RR#, St. Address, Box #: 545 S. G. Reen W. Board of Agriculture, Division of Water Resources					
City, State, ZIP Code: With the Kestures Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL		ft.		
N N	WELL'S STATIC WATE	WELL'S STATIC WATER LEVELft.			
	WELL WAS USED AS:	WELL WAS USED AS:			
N W E - N E - N	1 Domestic	1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Sil Field Water Supply 10 Monitoring Well			
3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other					
W	4 Industrial	-8 AIR Conditioning	12 Other	,	
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo					
If yes, mo/day/yr sample was submitted					
Water Well Disinfected: YesX 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					
l ' '					
Blank casing diameterin. Was casing pulled? Yes No If yes, how muchin.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft. toft., Fromft. toft., From					
What is the nearest source of possible contamination:					
T Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					
( } Sewer lines	7 Pit privy	12 Fertilizer storag 13 Insecticide stora	je		
4 Lateral lines	9 Feedyard '	14 Abandoned water w	rell		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
FROM TO PLUGGING MATERIALS					
25 15 CM	WEL				
		7			
15 0 con	NOUT-	7			
		7			
		-			
		-			
		-			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
Water Vell Contractor's License No					
by (signature)					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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					
one for your records.					