1 LOCATION OF WATER WELL:	Fraction SF1/4SF 1/4NW/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 WELL OWNER: BOB Harris RR#, St. Address, Box #: 2121 N. Tyler Rd. Board of Agriculture, Division of Water Resources City, State, ZIP Code: Wich to KS 107712 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL					
N W N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Suppose of Field Water S 7 Lawn and Garden C 8 Air Conditioning	Supply 10 Monly 11 I	Dewatering Monitoring Injection Other	Well Well
Was a chemical/bacteriological sample submitted to Department? YesNo.X If yes, mo/day/yr sample was submitted Water Well Disinfected: YesNo					
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 Blank casing diameter 2in. Was casing pulled? Yes No If yes, how much					
GROUT PLUG MATERIAL: 1 Neat cement 2 tement grout 3 Bentonite 4 Other					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool Direction from well?	8 Sewage lagoon	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well How many feet?	je . nge vell	Other (spe	ecify below)
FROM TO PLUGGING MATERIALS 70 20 GLOVE					
20 3 cm	ut				
3 0 10ps	oul				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
INSTRUCTIONS: Use typewriter or ball poin 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: 913/296-3565. Send one to Water Well Owner and retain one for your records.					