	T	r		
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Neosho	SW 1/4 SW 1/4 NE 1/4	18	27S	18E
Distance and direction from nearest town or city street address of well if located within city?				
1 (one mile NW of Chanute, Kansas 66720				
WATER WELL OWNER: ASh Grove Cement Company P.O. Box 519				
RR#, St. Address, Box #: 22705 Elk Road City, State, ZIP Code : Chanute, Kansas Board of Agriculture, Division of Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELft.				
WELL WAS USED AS:				
N W- N E-	1 Domestic	5 Public Water Sup	oly 9 Dewaterin	g
	3 Feedlot	n 6 Oil Field Water Supply X 10 Monitoring Well 7 Lawn and Garden Only 11 Injection Well		
W	E 4 Industrial	8 Air Conditioning	12 Other	
s W s a chemical/bacteriological sample submitted to Department? YesNo				
If yes, mo/day/yr sample was submitted				
Water Well Disinfected: Yes No				
S				
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				
C2 PVC				
Casing height above or below land surface				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From $I.Q.$ ft. to $I.A.$.ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage				
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide store	ige	
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well	well	
Direction from well? How many feet?				
FROM TO PLUGGING MATERIALS				
10 1 1	10			
10 1 1/ea	+ Camant			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed				
on (mo/day/year)06.05.05.7.97 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No59.1				
by (signature)				
INSTRUCTIONS: Use typewriter or hall 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 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.				