KSA 82a-1212

1 LOCAT	TION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number
County:	GREEN	wood	5E1/45W1/4 NW1/4	14	275	9E •
Distance	e and direc	tion from nea	rest town or city stree	t address of well if	located within city?	
12 miles south and west of EUREKA 2 WATER WELL OWNER: GUS & RAMONA CARPENTER						
BB# St Address Boy #. ETI BOX IOA Board of Agriculture Division of Useas Securicas						
City, state, ZIP Code : PIEDMONT, 123 67/22 Application Number:						
	WELL'S LOC		4 DEPTH OF WELL			· ·
WELL'S STATIC WATER LEVEL						
			WELL WAS USED AS:			
		N E	1) Domestic 2 irrigation	5 Public Water Supp 6 Oil Field Water S	upply 10 Monitoring	Well
v	-		3 Feedlot 4 Industrial	7 Lawn and Garden O 8 Air Conditioning	nly 11 Injection 12 Other	
		S E	lies a chamical (backs	-talanian sample su	haltend to Danners	. v
If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes. X No						
5 TYPE OF BLANK CASING USED:						
U						
/ 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete file						
Blank casing diameter						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout & Rentonite 4 Other						
Grout Plug Intervals: From 4.5.ft. to. 5.19.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 Sever lines 7 Pit privy 12 Fertilizer storage .ACCESS						
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM	TO	PLUGO	GING MATERIALS	THE REAL PROPERTY.		
0	4.5	c/ay-	-topsoil		CEIVE	
4,5	5,0	bento	snite	1 5 6 6 2 2	of the IV has	
5.0	15.0	clay			::g 1 : 1397	
1510	16.51	grave	1-rock			
				BURE	AU OF WA	TER
				,		
CONTRACTOR'S OR LANDCHNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
Water Well Contractor's License No						
by (signature) Ramona B. Carpenter						
MSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly</u> and <u>print</u> clearly. Please fill in blanks, inderline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment.						
ureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain c						
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SECTION IV TG Notice KS-217, 7/94

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