					<u> </u>	F	
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County:	Wilso	on	NE14 SE 14 NE 14	11	29	14E E/W	
Distance and direction from nearest town or city street address of well if located within city?							
807N. Second Street, Fredonia, Kansas.							
2 WATER WELL OWNER: K&S Oil Company							
Box 448 RR #, St. Address, Box #: Coffeyville, Kansas 67337 Board of Agriculture, Division of Water Resources							
City, State, ZIP Code : Application Number:							
1 1	ARK WELL'S LOC N "X" IN SECTION		4 DEPTH OF WELL				
	N N		WELL'S STATIC WATE				
			WELL WAS USED AS:				
 	-NW	— NE ——	1 Domestic	5 Public Water Supply			
		x	2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G			
W			E 4 Industrial	8 Air Conditioning	12 Other	********************************	
Was a chemical / bacteriological sample submitted to Department? Yes						No	
	If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes No							
F TYPE OF BLANK CASING USED:							
5							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) ● PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter2 in. Was casing pulled? Yes							
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other							
Grout Plug Intervals: From34							
What is the nearest source of possible contamination:							
	1 Septic tank		6 Seepage pit			ecify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage 13 Insecticide storage		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4 Lateral lines 5 Cess pool			9 Feedyard 10 Livestock pens	14 Abandoned water v	vell		
Direction from well? How many feet?							
FROM	то то	1	PLUGGING MATERIALS				
34 3 Bentonite							
3 0.5 Native Soil			· · ·		-		
0.5	0	Concrete					
0.5		Concrete				N _t	
						·	
7 00	ONTRACTOR'S	OF LANDOW	NER'S CERTIFICATION: Thi	s water well was plugged	under my jurisdiction	and was completed on	
(mo/day/year) September 16/2008 and this record is true to the best of my knowledge and belief, Kansas							
Water Well Contractor's License No							
by	(signature)	M	MIM			***************************************	
INSTRU	JCTIONS: Use 1	ypewriter or ba	all point pen. Please press fir	mly and print clearly. Pleas	se fill in blanks, underli	ne 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: 785/296-5522. Send one to Water Well Owner and retain one for your records.							