MW2

ID NO.\_

1	LOCATION OF WATER WELL:	Fraction	Section Number	Township	Number	Range	Number	
County: Brown		NE 14 NE 14NE 14	29	20	S	17	<b>€</b> W	
Distance and dispation from account town or site about address of suellist leaded within site O								
301 N. 15th Street, Hiawatha, KS								
WATER WELL OWNER: Ath Shawh oud								
RR #, St. Address, Box #: 409 Miami City, State, ZIP Code : Hiawathay KS (old) 34  Board of Agriculture, Division of Water Resources Application Number:								
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3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		R LEVEL 32.3 ft.					
	N X	WELL WAS USED AS:						
	NW NE	1 Domestic	5 Public Water Supply		9 Dewateri			
		2 Irrigation 3 Feedlot	6 Oil Field Water Supp 7 Domestic (Lawn & G	•	10 Monitorin			
W	E	4 Industrial	8 Air Conditioning	iaideii)	12 Other			
		Mas a shaminal / hastariala	sical sample submitted to De	anartmant? Va		u <b>X</b>		
	SW SE	SE Was a chemical / bacteriological sample submitted to Department? Yes						
		Water Well Disinfected: Ye	s No X					
'	S	Water Well Distributed.	33					
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								
Blank casing diameter in. Was casing pulled? Yes No If yes, how much If yes, how much in.								
6	CROUT DI HC MATERIAL. 1 Nest sement 2 Compart grout 2 Parts in A Other							
6	Grout Plug Intervals: From							
What is the nearest source of possible contamination:								
	1 Septic tank	6 Seepage pit	11 Fuel storage	D	6 Other spe			
2 Sewer lines 3 Watertight sewer lines		7 Pit privy 12 Fertilizer storage 48 Sewage lagoon 13 Insecticide storage			1. <del>J.</del>			
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 PLUGGING MATERIALS								
	3 45 Benton	ite 20-30%						
	21.1							
	Dolids	slurry grout						
	with	top 3 teet o	ver					
	drilled	following grow	ing					
			<del></del>					
_								
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was							npleted on ief. Kansas	
(mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7								
	by (signature) Karlon State of Caranco Great Pains, Inc.							
		7						
	INSTRUCTIONS: Use typewriter or ball point 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, 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.