1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Washington	1/4 1/4 N E1/4	16	2	3
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: Robert R. Jones				
RR#, St. Address, Box #: 233/ Quivira Fload Board of Agriculture, Division of Water Resources City, State, ZIP Code: Water Resources Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.				
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL25ft.				
	WELL WAS USED AS:			
	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	Supply 10 Monitoria	
w	3 Feedlot E 4 Industrial	7 Lawn and Garden 8 Air Conditioning	Only 11 Injection 12 Other	
				1/
S W S E	Was a chemical/bactor If yes, mo/day/yr s	eriological sample s ample was submotted.	ubmitted to Departmen	t? YesNo
	Water Well Disinfec	ted: Yes No	••••	
5 TYPE OF BLANK CASING USED:				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. Was casing pulled? Yes No If yes, how much				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage		ecify below)
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 10 10 10 10 10 10 10 10 10 10 10 10 10				20 diction
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well?				
FROM TO PLI	UGGING MATERIALS			
139 177, Chlorinated Link				
1/4 6 Gay Soil				
6 3 Boyton	Me Kjug	_		
3 0 $10p$	<u> </u>			
7 CONTRACTOR/S OR LANDOUNED/S CERTIFICATION-This ustantial use shared and a minimal distance and a minimal distanc				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
by (signature)				
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,				

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, Typeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.