1 LOCATION	OF WATER WELL:	Fraction SE1/4	Section Number	Township Number	Range Number	
County: Ne	osho	NW 1/4 SE1/4 SE1/4	35	30	17 E	
Distance and direction from nearest town or city street address of well if located within city?						
North of Cherryvale, Kansas approximately 8 miles 2 WATER WELL OWNER: Kansas Department of Transportation						
Ransas Department of Transportation						
city, State, ZIP Code: Topeka, KS 66612-1568 Application Number:						
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL30ft.						
			Domestic	oly O Doystonin	_	
W W	N E	XX1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water S 7 Lawn and Garden C 8 Air Conditioning	Supply 10 Monitorin Only 11 Injection	g Well	
s w			Was a chemical/bacteriological sample submitted to Department? YesNo. X . If yes, mo/day/yr sample was submitted			
Water Well Disinfected: Yes No▼.						
5 TYPE OF BLANK CASING USED: Concrete Tile						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement X8 Concrete Tile						
Blank casing diameter12in. Was casing pulled? Yes NoX If yes, how much						
6 GROUT PLUG MATERIAL: KNEWN KENEN 2 Cement grout KRENTYNIXe 4XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Grout Plug Intervals: From30.ft. to0.ft., Fromft. toft., From toft.						
What is the nearest source of possible contamination: Septic Tank						
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 storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?unknown How many feet?unknown						
FROM TO PLUGGING MATERIALS This well was in an o					ld run	
30'	0' Cement	grout	down town existence	no longer i e. The new h	n	
			_ is to pas	chiough.		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 0.2-1.3-9.5						
INSTRUCTIONS: Use typewriter of 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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.						