1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Montromery	SW1/4NE/4NE/4	36	348	NOF
	nery, Cotte	yville, W	located within city?	
2 WATER WELL OWNER: FORTM				
RR#, St. Address, Box #: P.O. City, State, ZIP Code	evville 15 la	337 Application N		Water Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:		er level 9.0.		
	WELL WAS USED AS:			
w w x	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning	Supply (10 Monitorin Only 11 Injection	g Well Well
S W		eriological sample s ample was submitted.	ubmitted to Departmen	t? YesNo
S	Water Well Disinfec	ted: Yes No	V	
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 Casing height above or belo	w land surface	in.	No If yes, how	
6 GROUT PLUG MATERIAL: 1 Nea	t cement 2 Cement gro		4) Other Campacted	
What is the nearest source				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	geKéti age well	ecify below)
Direction from well? A.t	Refinery.	How many feet?		
FROM TO P	LUGGING MATERIALS	. ما		
0 2 R000	BOODO Compact	<u>역</u> 당		
2 21.5 Bent	onite			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
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, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain one for your records.