1 LOCATI	ON OF WATER	D UEII.	Fraction	Section Number	Township Number	Range Number
	_		5E 1/4 5E/45E/14	Section number	Township Number	
County:	Nemai	19	DE 1/4 11/4 7 1/4	19	フ	12
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: CLETUS ROTTINGHAUS						
RR#, St. Address, Box #: PRI BOX 99 6645 Board of Agriculture, Division of Water Resources						
<u> </u>	ELL'S LOCA	Len	4 DEPTH OF WELL	• •		
	IN SECTION		1 1	ER LEVEL6		
	N		WELL'S STATIC WAT	ER LEVEL	ft.	
		7	WELL WAS USED AS:			
	W	—N E	1 Domestic			▼ .
			2 Irrigation 3 Feedlot	6 Oil Field Water 9 7 Lawn and Garden (-
W			E 4 Industrial	8 Air Conditioning	12 Other	
		S E			Authord to Bourse	V
s	W	\$ E	If yes, mo/day/yr s	eriological sample st ample was submitted.	ubmitted to Departmen	t? YesNo
		x	Water Well Disinfec	ted: Yes No		
s						
5 TYPE 0	F BLANK CAS	SING USED:				
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 ther (specify below) CLAY TILE 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. \mathbf{Z} ft. to 6 ft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
2 Se	wer lines		7 Pit privy	12 Fertilizer storag		ecify below) <i>RUNAF.F</i> .
	tertight se teral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide storage 14 Abandoned water well		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM	то	PLI	UGGING MATERIALS	3.4844	Hone Due a	1404 - 14
25	15	SAN	<u>'</u>	-	WAS DUG OU	
	13			A BACK	HOE TO A	DEPI 4
15	0	•	SOIL	OF ROUG	HLY GFEET	7,
8	6	_	PONITE		BRAUNHALL I	
6		10P	SOIL			
					CTOR WHO D	
				EXCAVA	TION WORK	
7 CONTRA	CTOR'S OR I	ANDOWNER'S	CERTIFICATION: This wate	 r well was plugged ur	nder my jurisdiction a	and was completed
on (mo/day/year) 12/12/.94 and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's license No						
12/12/.14						
by (signature)						
I NSTOLICT I	INNS" HEA 1	TVNEUTITER A	rnaiinointnden Dias	se nress tirm!v and r	TINT CLASTIV DIASC	a till in hlanke

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.