1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number
County: Nemaha			SW1/4S&1/4S& 1/4	29	3	13
Distance and direction from nearest town or city street address of well if located within city?						
M hack 1. lessel						
2 WATER WELL OWNER: ALDER WESSEL DRIFT ST Address Box #: RR3 BOX 69 Roard of Agriculture Division of Mater Resources						
City, State, ZIP Code: Senecu KS U6538 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL3!ft.						
			WELL WAS USED AS:			
N	W	N E	1 Domestic			
			2 Irrigation 3 Feedlot	7 Lawn and Garden	Supply 10 Monitoring Only 11 Injection	Well
W		E	4 Industrial	8 Air Conditioning	12 Other	
	W	S E	Was a chemical/bacteriological sample submitted to Department? Yes .No .X. If yes, mo/day/yr sample was submitted			
Water Well Disinfected: Yes. X No						
	S			·		
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) LLLLy File. Blank casing diameter						
Plank casing diameter 12 in . Was casing pulled? Yes . No. X If yes how much						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From. \mathcal{C} ft. to. \mathcal{C} ft., Fromft. toft., From						
What is the nearest source of possible contamination:						
1 Se	ptic tank		6 Seepage pit	11 Fuel storage	(16) Other (specify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storag 13 Insecticide storage	ge゚゚゚゚゚゚゚゚゚゚゚゚゙゚ age	AU.WUI.
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? CLUST How many feet?						
FROM	то	PLU	GGING MATERIALS			
UN'	6	Sound	\$ Chlorine			
10	3'	0 4	Omite.			
21	0/	Thas	DIMIC			
9	U	1000				
7 CONTRACTOR'S OR LANDOWNER'S GERTIFICATION: This water well was plugged under my jurisdiction and was completed						
on (mo/day/year)						
Water Well Record was completed on (mo/day/year)						
by (signature) 4. A. Sur A. L. Miller W. S.						
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.