			1101 J	U 1774
1 LOCATION OF WATER WELL:	Fraction nG	Section Number	Township Number	Range Number
County: Wengha	5E 1/4SE 1/4 1/4	34	4	1/
Distance and direction from nearest town or city street address of well if located within city?  45. + 210. + 155. of Centralia				
2 WATER WELL OWNER: William H Naskins  South Well  RR#, St. Address, Box #: RH BOX179  Board of Agriculture, Division of Water Resources				
AN "X" IN SECTION BOX:  N  N  S  S  S	WELL'S STATIC WATE WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	Application No. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	oly 9 Dewatering Supply 10 Monitoring Only 11 Injection 12 Other	y well Pasture.
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 diameterin. Was casing pulled? Yes				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy 8 Sewage lagoon	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora Abandoned water w 15 Oil well/Gas well	ge EX	ecify below)
Direction from well? How many feet?				
FROM TO PLE	Gravel 2,14 ay	<b>J</b> .		
6 2 Topsoil 6 \$2 Benton £ gal	ite 321 cuft			
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 perf. 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.				