1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: 7	WASHINGI	ON	SE 1/4 NE1/4NW 1/4	29	4	3E	
i			rest town or city street	t address of well if	located within city?		
<del></del>		west of					
<u> </u>		City					
RR#, St. /	Address, Bo te, ZIP Coo	ox #:Box 60 de :Linn,	KS 66953	Application N	culture, Division of Number:	Water Resources	
	ELL'S LOCAT		4 DEPTH OF WELL				
	N	<del></del>	WELL'S STATIC WATE	ER LEVEL	ft.		
	x		WELL WAS USED AS:				
N	W	—N E	1 Domestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water		•	
w			3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well	
W			4 madstrat	o Am conditioning	TE Other		
s	Was a chemical/bacteriological sample submitted to Department? YesNoX.  If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes.X No						
5 TYPE O	F BLANK CAS	SING 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	casing diam height abo	meter8 ove or below	in. Was casing pland surface72.	oulled? Yes	NoX. If yes, how	much	
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout I	Plug Interv	vals: From	n6.ft. to57.ft	., Fromft. t	oft., From	toft.	
What is	s the neare	est source of	f possible contamination	n:			
	ptic tank		6 Seepage pit	11 Fuel storage	16 Other (sp ge None with	ecify below)	
2 Sewer lines 3 Watertight sewer lines				12 Fertilizer storage 13 Insecticide storage	age	##. #VV	
	teral lines ss Pool	S	9 Feedyard 10 Livestock pens	14 Abandoned water 1 15 Oil well/Gas wel			
Direct	ion from we	ell?		How many feet?			
FROM	то	PLU	JGGING MATERIALS				
110	57	Gravel	(61 cuf. ft.)				
57	48	Hole pl	ug (3 1/3 cu. ft.	.)			
48	6	Cement	(15 cu. ft.)				
7 CONTRAC	CTOR'S OR I	ANDOWNER'S	CERTIFICATION:This wate	r well was plugged u	nder my jurisdiction	and was completed	
Water	Well Contra	actor's Lice	nse No±04	This Water Well	Record was completed	on (mo/dav/vear)	
by (si	gnature)	Dale	under the business name	e or allyapen. Hr.	······································		

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.