1 LOCATIO	ON OF WATER	R WELL:	Fraction		Section Number	Township Number	Range Number	
	Nema			1/4 55/4		, ~	13 E	
<u> </u>						located within city?		
Distance and direction from nearest town or city street address of well if located within city?								
2 WATER WELL OWNER: Rodney Heinen								
RR#, St. Address, Box #: 170 145 54. City, State, ZIP Code: Wetmore, Ks 66550 Board of Agriculture, Division of Water Resources Application Number:								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.								
	N		WELL'S	WELL'S STATIC WATER LEVELft.				
			WELL WAS USED AS:					
N'WN'E			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well					
w		E	3 F	eedlot ndustrial	7 Lawn and Garden 8 Air Conditioning	Only 11 Injection	Well	
W			"	ndusti iat	5 ATT CONDITIONING	TE Other		
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted								
Water Well Disinfected: Yes. X No								
S water well Disinfected: Yes. 7 No								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 5 tone								
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
ank casing diameterin. Was casing pulled? Yes No If yes, now much								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage								
2 Sewer lines 7 Pit p 3 Watertight sewer lines 8 Sewago				y agoon	12 Fertilizer storag	age '	?14Ad	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well?								
FROM TO PLUC			GGING MATER	IALS				
0	4.5	Tops	-a.					
4.5	5		lon: Le					
5-	10	Sand						
	. •							
					\neg			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed								
'n (mo/day/year)								
ungder/the business name of								
1 9/ feller								
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.								