1 LOCATION OF WATER WELL:	Fraction	Section Number	Township N	lumber Range Number
County: Sacksin	NW/4 NW/4 SE 1/4	16	')	1,20
Distance and direction from nearest town or	city street address of well if to		424)	
	one MKt		4 3)	
		Board of Agriculture,	Division of Water	Resources
RR #, St. Address, Box #: City, State, ZIP Code :	1713Kr)	Application Number:	Division of water	resources
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	4 2 ft		
N	WELL'S STATIC WATER	R LEVEL ft.		
	WELL WAS USED AS:			
N W N E	1 Domestic	5 Public Water Supp	ly <u> 9</u>	Dewatering
	2 Irrigation	6 Oil Field Water Su		Monitoring Well Injection Well
W E	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning	12	•
	Was a chemical / bacter	iological sample submitte	d to Departmen	t?Yes No
S W S E		le was submitted		
	Water Well Disinfected:	Yes No		
S	Water Well Blownedted.	700		
5 TYPE OF BLANK CASING USED:				
1_Steel 3 RMP (SR) 5 W	rought 7 Fiberg	lass 9 Other (Specify	below)	
	bestos-Cement 8 Concre			
Blank casing diameterin. Casing height above or below land	Was casing pulled?		If yes	s, how much 4271
6 GROUT PLUG MATERIAL: 1 Ne	eat cement 2 Cement gro	ut 3 Bentonite 4 C	Other Social	Gravel (0-11)
	1 to 43 ft		•	•
What is the nearest source of possi				
1 Septic tank	6 Seepage pit	11 Fuel storage	16	other (specify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storag13 Insecticide storag		Dormer UST
4 Lateral lines	9 Feedyard	14 Abandoned water	•	
5 Cess Pool	10 Livestock pens	15 Oil well/Gas wel	II	
Direction from well?	How man	y feet?		
FROM TO PLU	GGING MATERIALS			
0 1 3011	Gravel			
1 43 Bent	mite			
7 CONTRACTOR'S OR LANDOWN	ER'S CERTIFICATION: TI	nis water well was plugge	ed under my ju	risdiction and was completed
ONTRACTOR'S OR LANDOWN on (mo/day/year)	460Z	and this record is true	to the best of m Water Well Recor	y knowledge and belief. Kansas d was completed on (mo/day/year)
775754 ander the	e business name of	JEKOLUSIC		
by (signature)	bly coloque C	I Dakana		
INSTRUCTIONS: Use typewriter or ba	all point pen. <u>Please press</u>	firmly and print clearly. Ple	ase 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.				