1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
county: Tiffenson	SE1/4 NW45 674	6	8	19
Distance and direction from nea	rest town or city street	address of well if	located within city?	
2 HATER HELL OLINER, PORMA	rich Diele ha			
2 WATER WELL OWNER: FRANCE RR#, St. Address, Box #5/3	2 / STUDA	Donal of Amil	andensa Dinisias at 1	
City, State, ZIP Code :	mater Ks	Application No	culture, Division of N umber:	water kesources
3 MARK WELL'S LOCATION WITH	4 DEPTH OF WELL	3./		
AN "X" IN SECTION BOX:	WELL'S STATIC WATE	R LEVEL	ft.	
	WELL WAS USED AS:			
N W N E	Demestic	5 Public Water Supp	oly 9 Dewatering	
	2 Irrigation 3 Feedlot	7 Lawn and Garden (Only 11 Injection	Well
	E 4 Industrial	8 Air Conditioning	12 Other	
			ubmitted to Department	t? YesNo
		ample was submitted		
S	Water Well Disinfect	ed: Yes. No	• • • •	
5 TYPE OF BLANK CASING USED:		-		
1 Steel 3 RMP (SR) 5 Wro			(specify below)	
1	estos-Cement 8 Concre	rte 1116	No If yes, how r	1014
Blank casing diameter() Casing height above or below	land surface	outled? Yes	No If yes, now r	nuch y. L.s y . y
6 GROUT PLUG MATERIAL: 1 Neat	cement 2 Cement grou	it 3 Gentonite	4 Other	
Grout Plug Intervals: Fro	m/.Oft. to 4. 6ft.	, Fromft. to	ft., From	toft.
What is the nearest source o	f possible contamination	· NH		
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage				,
4 Lateral lines 5 Cess Pool		14 Abandoned water w 15 Oil well/Gas well		
Direction from well?		How many feet?		
FROM TO PLI	UGGING MATERIALS			
01 10' Ph/min	e V. Sand Bras	el mik		
101 281 Benz	Tito			
78' Sustano /20	2501			
co Jugare 109				
7 CONTRACTOR'S OR LANDOWNER'S	CERTIFICATION: This water	well was plugged un	nder my jurisdiction a	and was completed
on (mo/day/year)	nse No	This Water Well.	Record was completed	on (mo/day/year)
by (signature)	nder the business name	of .Teg. Cap.Cl	the track of	
INSTRUCTIONS: Use typewriter or	r ball point pen. Pleas	e press firmly and p	orint clearly. Please	e 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.