									.,	
1	LOCAT	ION OF WATE	R WELL:	Fraction		Section	i	Township Number	Range Number	
Co	unty:	Clay		SE4 SW4	NE 1/4		33	8	4 6	
Distance and direction from nearest town or city street address of well if located within city?										
6/2 miles east and 3/2 miles south of Clay Center										
2	- Cir									
	City, State, ZIP Code: Manhattan, KS 66502 Application Number:									
3		WELL'S LOCA IN SECTION		DEPTH OF WELL						
	AN A	N SECTION	DOX.	WELL'S STATIC WATER LEVEL20 ft.						
	N W N E			WELL WAS USED AS:						
				1 Domestic 5 Public Water Supply 9 Dewatering					tering	
				2 Irrigation 3 Feedlot		6 Oil Field Water Supply 10 Monitoring Well 7 Domestic (Lawn & Garden) 11 Injection Well				
w			E	4 Industrial 8 Air Conditioning 12 Other						
Was a chemical / bacteriological sample submitted to Department?Yes								No		
If yes, mo/day/yr sample was submitted										
Water Well Disinfected: Yes No										
S										
5 TYPE OF BLANK CASING USED:										
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)										
	Blank casing diameter									
	11/4									
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit						11	Fuel storage	16 Other (sp	pecify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon		12 13	Fertilizer storag				
4 Lateral lines			9 Feedyard		14	Abandoned water	er well			
5 Cess Pool OLivestock pens 15 Oil well/Gas well  Direction from well? North & East How many feet? 10'										
FROM TO PLUGGING MATERIALS										
0 41/2 Soil										
	41/2	_5_	Bento							
		Subs	soil							
20		22	Chlori	inated	Sind					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)										
Water Well Contractor's License No.  11.24.0.3 under the business name of by (signature)									iipietea on (mo/day/year)	
	by (sign	nature)	muzzi	K Tronko	<u> </u>					
II.	NSTRUC'	TIONS: Use	typewriter or bares	all point pen. Plea	se press	firmly and	print clearly. Ple	ase fill in blanks, underli	ine or circle the correct Kansas 66620-0001	
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.										