1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Pottanutomio NW SW SE 1/4 30 95 10L					
Distance and direction from nearest town or city street address of well if located within city?					
WATER WELLOWNER: CAPE					
2		ટ	Pourd of Agriculture	Division of Water Resource	
	RR #, St. Address, Box #: City, State, ZIP Code : Board of Agriculture, Division of Water Resources Application Number:			5	
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:				
	WELL'S STATIC WATER LEVEL ft.				
	N W — N E —	1 Domestic	5 Public Water Supp	•	-
		2 Irrigation 3 Feedlot	6 Oil Field Water Suj7 Domestic (Lawn &	Garden) 11 Injection	ring Well on Well
w	W E 4 Industrial 8 Air Conditioning (2) Other Lest. Hu				
	S WS E Was a chemical / bacteriological sample submitted to Department? Yes				
	Water Well Disinfected: Yes No				
	S	water well disinfected:	Yes .Z No		
5	TYPE OF BLANK CASING 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 diameter in. Was casing pulled? Yes No				
6	COI OI 3 DOJON GJONN				
لـّا	Grout Plug Intervals: From				
	What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage pit 11 Fuel storage (16 Other (speci					
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy8 Sewage lagoon	12 Fertilizer storag13 Insecticide storag		Z.L.,
	4 Lateral lines	9 Feedyard	14 Abandoned water	er well	
	5 Cess Pool	10 Livestock pens	15 Oil well/Gas wel	il	
Direction from well?					
F	FROM TO PLU	JGGING MATERIALS			
	3 110 Ben	topite			
_					
_					
L,					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was comple on (mo/day/year)					n and was completed edge and belief. Kansas
Water Well Contractor's License No					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) under the business name of by (signature)					
IN	NSTRUCTIONS: Use typewriter or b				
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.					