		Facation	Section Number	Tourship Number	Danna Numban	
	ON OF WATER WELL:	Fraction	l .	Township Number	Range Number	
County: /	<i>,,</i> , <i>,</i> , <i>,</i> ,	SW 1/4 SE 1/4 NW1/4		95	5E	
Distance and direction from nearest town or city street address of well if located within city?						
124 N. Bouadway, Riley, KS 2 WATER WELL OWNER: Ben Jedlicka						
RR#, St. Address, Box #: 124 N. Boadway City, State, ZIP Code: Biley, K5 66531 Board of Agriculture, Division of Water Resources Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
→ AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL						
	WELL WAS USED AS:					
N	WN E	Domestic	. 5 Public Water Sup	ply 9 Dewaterin	-	
		2 Irrigation 3 Feedlot	6 Oil Field Water : 7 Lawn and Garden :	Supply 10 Monitorin Only 11 Injection		
w	X	E 4 Industrial	8 Air Conditioning	12 Other	•••••	
	S E Was a chemical/bacteriological sample submitted to Department? YesNo. X.					
s	If yes, mo/day/yr sample was submitted					
L		Water Well Disinfec	ted: Yes. 🏅 No			
S						
5 TYPE OF BLANK CASING USED:						
①Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter $rac{8}{2}$ in. Was casing pulled? Yes No. $rac{1}{2}$ If yes, how muchin.						
6 GROUT PLUG MATERIAL: 1 Neat cement ② Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From $3.6t$. to $4.26t$., Fromft. toft., From						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines		7 Pit privy	12 Fertilizer storag	ge	,	
4 La	teral lines	9 Feedyard	Abandoned water	well		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well?						
FROM		UGGING MATERIALS				
0	31 TOP 5	50il				
3'	91/2' ceme					
70'	9 1/2' subs					
102'						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed						
on (mo/day/year)						
ungler the business name of						
by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please 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.