	بانتقالان اختاه سيستسب	أحجج والمتكافلات والمتناف المتكاف المتكافية	متندنية تتدم مثنيت ليشتب يتبالين والتباري والمسترد والمتناف والمتناوي	<del>ipaliya ka ka manana ka maja ya pinin ka </del>		
1	LOCATION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number
County	Riley		NW NE SW	1	9S	5 (E) <sub>W</sub>
Distanc			city street address of well if loc	ated within city?	-	
City of Riley, 204 S Remele						
2 WATER WELL OWNER: KDHE UST Section Time and MAterials						
RR #, St. Address, Box #: 1000 SW Jackson #410 City, State, ZIP Code : Topeka, Ks 66612-1367 Board of Agriculture, Division of Water Resources Application Number:						
1 1	MARK WELL'S LOC AN "X" IN SECTION  N  NW  X  SW		WELL'S STATIC WATE  WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial  Was a chemical / bacteriolo	5 Public Water Supply 6 Oil Field Water Supp 7 Domestic (Lawn & G 8 Air Conditioning gloal sample submitted to De as submitted	oly 10 Monito iarden) 11 Injectio 12 Other	ring Well on Well
	S					
5 TYPE OF BLANK CASING USED:						
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile  Blank casing diameter in. Was casing pulled? Yes No X If yes, how much casing height above or below land surface in.  GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other Surface silts and clays.  Grout Plug Intervals: From 13 ft. to 5 ft., From 5 ft. to 0 ft., From to ft.  What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess pool 10 Livestock pens 15 Oil well/Gas well  Direction from well? How many feet?						
FROM TO PL			UGGING MATERIALS			
13 1 Bentonite						
.5	0	Surfac	e silts/clays			
V	Vater Well Contractor	s License No under the	R'S CERTIFICATION: This 3/29/07 585 business name of Assoc	This Wat cated Environmental, Inc	under my jurisdiction to the best of my know er Well Record was con	and was completed on ledge and belief. Kansas inleted on (mo/day/year)
INSTR	UCTIONS: Lise to	newriter or hell	point pen. Please press firn	nly and print clearly Place		ne or circle the correct
answei	rs. Send top three	copies to Kans	as Department of Health an	nd Environment, Bureau o	f Water, Geology Secti	on, 1000 SW Jackson