. 1		T			Γ		
1	LOCATION OF WATER WELL:	Fraction	Section	Number	Township Number	Range Number	
Co	ounty: OTTAWA	NEYANEYA NWYA	\mathcal{Q}	4	10	1ω	
Distance and direction from nearest town or city street address of well if located within city?							
2948 Qx BOW RA							
2 WATER WELL OWNER: MES, HAUSELMAN							
	RR #, St. Address, Box #: 2948 Ox Bow RD. City, State, ZIP Code : LONGFORD, KS 67458 Board of Agriculture, Division of Water Resources Application Number:						
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	77	ft			
	X X	WELL WAS USED AS:	LEVEL	 IL			
	N W — N E —	1 Domestic	5 Publ	ic Water Supp	ly 9 Dewa	tering	
		2 Irrigation 3 Feedlot		Field Water Superstic (Lawn &		oring Well ion Well	
W	E	4 Industrial		Conditioning			
	S W	Was a chemical / bacteri	iological sar	nple submitte	d to Department?Yes	NoX	
	If yes, mo/day/yr sample was submitted to Department: res						
	S	Water Well Disinfected:	YesX	No			
5	TYPE OF BLANK CASING USED:	<u> </u>					
	I 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							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
لــا	Grout Plug Intervals: From5ft. toft., Fromft., Fromft.						
	What is the nearest source of possible contamination:						
	1 Septic tank	6 Seepage pit		uel storage		pecify below)	
	2 Sewer lines 3 Watertight sewer lines	7 Pit privy 8 Sewage lagoon		ertilizer storag secticide stora		•••••••••••	
	4 Lateral lines	9 Feedyard	14 Al	candoned water	er well		
	5 Cess Pool	10 Livestock pens		il well/Gas well			
Direction from well? NOCTH How many feet? 25							
FROM TO PLUGGING MATERIALS							
	0 5 FILL I	SIRT					
		DIVITIE HOLEPL	46				
			_				
-							
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No							
by (signature)							
IN	329/10	all point pen. Please press fi	rmly and pri	nt clearly Ple	ase fill in blanks underli	ine or circle the correct	
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.							