T		········	T		· · · · · · · · · · · · · · · · · · ·	1
-			Fraction	Section Number	Township Number	Range Number
County:	Hawa	•	501/4 JG1/4 J 1/4	16	12	4 W
			rest town or city stre			
	JELL OWNER:	BA.	ce Srna	ver, nav	5/45	
			cotovado		culture, Division of	Uater Pesources
City, Sta	te, ZIP Coc		VET 61494	Application N	umber:	water Resources
	ELL'S LOCAT	TION WITH	4 DEPTH OF WELL	25	ft.	
AN "X"	IN SECTION N	I BUX:	WELL'S STATIC WA	TER LEVEL	ft.	
			WELL WAS USED AS	:		
N	 W 	N E	1 Domestic			•
			2 Irrigation (3) Feedlot	7 Lawn and Garden	Only 11 Injection	ıÜell
W			4 Industrial	8 Air Conditioning	12 Other	PASTUre
s	w	S E			ubmitted to Departmen	nt? YesNo X
		Ä		sample was submitted.		
L	S	L	Water Well Disinfe	cted: YesX No	••••	
5 TYPE OI	BLANK CAS	ING USED:				And the second s
່ 🕽 Steel		SR) 5 Wrou	ught 7 Fibe	rglass 9 Other	(specify below)	a Rayana
2 PVC	4 ABS	_			•	
			rin. Was casing land surface		No If yes, how	much
6 GROUT F	LUG MATERI	AL: 1 Neat	cement 2 Cement gr	out 3 Bentonite	4 Other 10. BL.	re CLay
∟ Grout F	olug Interv	als: From	n 5 ft. to 5 f	t., From. 5 ft. t	o . /Q ft., From	toft.
What is	the neare	st source of	f possible contaminati	on:		
	otic tank		6 Seepage pit	11 Fuel storage		ecify below)
2 Sewer lines 7 Pit privy 12 Fertilizer storage						
5 Ces	eral lines s Pool		9 Feedyard 10 Livestock pens	14 Abandoned water 15 Oil well/Gas wel	l	
Directi	on from we	50,	west	How many feet? . 9	00'	
FROM	то	PLU	JGGING MATERIALS			Was
	5'	Rock		ora se	.pTic Tank	
	5'	5 2 N		Remove	-d	
	5'	Rock	<		vas Pump	ed drv
	lo'	BLUE	CLav	WELL	ras rumip	-, /,
	3	Galhor	. , , ,	re		
						
7 CONTRAC	TOR'S OR L	ANDOWNER'S C	CERTIFICATION: This water	er well was plugged u	nder my jurisdiction	and was completed
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
		S. C.		old B. Coll	••••••••••••••••••••••••••••••••••••••	
NSTRUCTIO	NS: Use ເ		ball point pen. Plea		print clearly. Pleas	e 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.