1 LOCATION OF WATER WELL:			Fraction		Section Number	Township	Number	Range Number
County:	HAW	A	NW 1/4 N	E145E 1/4	16	12	S	5W
Distance and direction from nearest town or city street address of well if located within city?  RAILROAD ANC. TESCOH, KS								
2 WATER WELL OWNER: Koch Agri Services  PRO Box 2256  Roard of Agriculture Division of Mater Resources								
City, State, ZIP Code: Wich the, KS 67201 Application Number:								
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  WELL'S STATIC WATER LEVEL 19:96 ft.								
WELL WAS USED AS:								
W	W	X	2	Domestic Irrigation Feedlot Industrial	7 Lawn and Garden (	Supply 40 Only 11	Monitoring Injection Other	g Well Well
S Was a chemical/bacteriological sample submitted to Department? YesNo.X.  If yes, mo/day/yr sample was submitted								
Water Well Disinfected: Yes NoX								
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. 2in. Was casing pulled? Yes. X No If yes, how much. 5								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From. 3ft. to.19ft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
2 Sev 3 Wat 4 Lat	otic tank wer lines ertight se eral lines ss Pool		7 Pit pr	ivy lagoon rd	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ge age well	Other (spe	ecify below) יייייייייייייייייייייייייייייייייייי
Direction from well? How many feet?								
FROM	ТО	PL	UGGING MATE	ERIALS				
28	19	Chlorin		Sand				
19	3	Bento						
3	0	Surface	- Soil					
			-					
7	TAN / 2						MUT	_
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) Tury								
INSTRUCTIONS: Use typowriter or hall point per Places area firmly and exist along the Place fill in black and drive as including								

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.