one for your records.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Lincoln	HE 1/567/45E14	24	12	F
Distance and direction from nearest town or city street address of well if located within city?				
3/2 mi	les South	LINON	VIKS	
2 WATER WELL OWNER: Hypro	BUTTEN	hoff	19	970867
RR#, St. Address, Box #: Route 3 Box #2 Board of Agriculture, Division of Water Resources City, State, ZIP Code: 11, 2011, Fr. (7116) Application Number: + 11111 - Fr. (7116)				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL. 2.1ft.				
	WELL WAS USED AS:			
N W N E	1 Domestic 2 Irrigation	5 Public Water Supp 6 Oil Field Water S	oly 9 Dewatering Supply 10 Monitoring Only 11 Injection	g g Well
W	3 Feedlot E 4 Industrial	8 Air Conditioning	12 Other	
Was a chemical/bacteriological sample submitted to Department? YesNo.X. If yes, mo/day/yr sample was submitted				
Water Well Disinfected: YesX No				
5 TYPE OF BLANK CASING USED: 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) with Stone 8 Concrete Tile				
3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 5/6NG- 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter. 2.0in. Was casing pulled? Yes No. No. N. D If yes, how muchin.				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From 4/24t. to.5ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)
2 Sewer lines 3 Watertight sewer lines	7 Pit privy	12 Fertilizer storag	je	
4 Lateral lines	9 Feedyard	13 Insecticide store 14 Abandoned water w	rell	
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? How many feet?				
FROM TO PLU	JGGING MATERIALS			
21 54 4	and			
5 91 /2				
J di C/A	subsoil	_		
4/2 5, Bel	Vtovite			
0 41/2 top	5011			
	,	1		
		7		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
INSTRUCTIONS: Use typewriter or ball point pen. <u>Please press firmly and print</u> clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to kensas Department of Health and Environment, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 913/296-3565. Send one to Water Well Owner and retain				