						T	<del></del>	
1	LOCAT	ION OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty: S	ALULE	٤	SW4NW 4 SE 1/4	35	T13S	2 W	
Distance and direction from nearest town or city street address of well if located within city?  Yum, South of NEW Cambria K								
2 WATER WELLOWNER: AT VIDRICKSON								
	RR #, St. Address, Box #: 21 R STREET  Board of Agriculture, Division of Water Resources  City, State, ZIP Code: LAKE LOTAWANA M. 64886 1943.							
3	-	WELL'S LOCA		4 DEPTH OF WELL	71 tt	7		
	AN "X" IN SECTION BOX:  N			WELL'S STATIC WATER LEVEL . 22 ft.				
				WELL WAS USED AS:				
	N	w —	— N E	1 Domestic	5 Public Water Supp	oly 9 Dewa	tering	
	l			2 Irrigation 3	<ul><li>6 Oil Field Water Su</li><li>7 Domestic (Lawn &amp;</li></ul>		oring Well ion Well	
W			E		8 Air Conditioning		······································	
	S W S E		S E	Was a chemical / bacteriological sample submitted to Department?Yes				
	<u></u>	S		Water Well Disinfected:	Yes No			
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								
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
6	11 25							
-								
	What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit				11 Fuel storage	16 Other (s	pecify below)	
2 S		ewer lines		7 Pit privy	12 Fertilizer storag	je		
		Vatertight sewer lines .ateral lines		8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well		*		
5 C		ess Pool	. 1	10 Livestock pens	15 Oil well/Gas wel			
Direction from well? North How many feet? 1000 ft								
FROM TO PLUGGING MATERIALS								
0 4/2 st Tap Soil								
4.5 th 25 Concrete growt growt								
é	25	71	GRAVE	DACK - CHORONAT	60			
			•	Τ.				
			1					
	D.AF.							
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed								
on (mo/day/year)								
S-1-01 under the business name of Language Allows							mpreted on (mo/day/year)	
by (signature)								
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.							