			PA 41. 12. 12.		
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
county: LIACOLA	·	1/4 16	13	1 7	
Distance and direction from nea	rest town or city s	treet address of well if	located within city		
2 WATER WELL OWNER:	bent F	est 1 mi Sou			
RR#, St. Address, Box #:   Box 9   Board of Agriculture, Division of Water Resources City, State, ZIP Code :   Control   Contr					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	WATER LEVEL	••••		
X	WELL WAS USED				
N W N E	1)Domestic 2 Irrigati 3 Feedlot 4 Industri	on 6 Oil Field Water 7 Lawn and Garden	5 Public Water Supply 9 Dewatering 6 Oil Field Water Supply 10 Monitoring Well 7 Lawn and Garden Only 11 Injection Well 8 Air Conditioning 12 Other		
S W S E	Was a chemical/	bacteriological sample s	ubmitted to Departme	<b>^</b>	
If yes, mo/day/yr sample was submitted					
\$					
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	in. Was cas	ing pulled? Yes	No.Å If yes, how	much	
6 GROUT PLUG MATERIAL: 1 Neat					
Grout Plug Intervals: Fro	må\b.ft. toal.al	ft., Fromft. t	oft., From		
What is the nearest source o					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy 8 Sewage lagoon 9 Feedyard	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	ge <i>!\vo.t</i> age well	pecify below)	
Direction from well? How many feet?					
FROM TO PL	UGGING MATERIALS				
754 484 San	di				
486 441 Sento	nite				
44th ff flack	, Soil				
8 pt 5 ff benton	nti				
5th 1 ft soil	<b>L</b>				
of fento	nte cap				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
by (signature) White Sp. Way					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,					

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.