1 LOCATIO	ON OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Linco	i v	1/4 1/ <b>45E</b> 1/	4 29	13-5	9 W	
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: Henry Waltas Est.							
2 WATER WELL OWNER: Henry Mattas Est.							
RR#, St. Address, Box #:  City, State, ZIP Code : LINCOLN, KS 67455 Application Number:							
	ELL'S LOCAT	TION WITH	4 DEPTH OF WELL	205	ft.		
I AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL. 25ft.							
			WELL WAS USED A	S:			
N	 	N E	1 Domestic	·		•	
9	20		2 Irrigation 3 Feedlot	7 Lawn and Garden	Only 11 Injection	Well	
6	29	E	E 4 Industrial	8 Air Conditioning	12 Other	•••••	
s	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo.★.  If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes. X No						
	13-s						
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. 44.6.in. Was casing pulled? Yes. X. No If yes, how much so. ft. P.W. Casing height above or below land surface 8.2in.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3 Bentonite) 4 Other							
Grout Plug Intervals: From U. 25t. to 25:14.5t., From H.S. 14t. toft., Fromft., From							
What is the nearest source of possible contamination:							
	otic tank	<b>&gt;</b>		11 Fuel storage		ecify below)	
3 Wat		ewer lines		12 Fertilizer stora 13 Insecticide stor	age	• • • • • • • • • • • • • • • • • • • •	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? . North . East How many feet? 60. 9							
FROM	то	PLU	JGGING MATERIALS				
		Igal, C	lorge				
	0-25	San	d				
	15-/45	Suls	Soil				
14	5-161	Bent	nito 50#1	Saa			
16.1	- 201	Jon 2	oll	7			
		- 1					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No.98.109-L.C This Water Well Record was completed on (mo/day/year)							
by (signature)							
INSTRUCTIONS: Hea typouriter or hall point pap. Place firmly and point clearly. Places 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.