1	LOCATIO	ON OF WATE	ED WELL.	Fraction	Section Number	Township Number	Range Number
County: SALIVE				SE1/4 NE1/4 NE1/4	10	14	3 W
Distance and direction from nearest town or city street address of well if located within city?							
LOST NITRESSIN KD.							
2 WATER WELL OWNER: YDANA ARCEO RR #, St. Address, Box #: 657 N. TRESSIN RD. Board of Agriculture, Division of Water Resources Application Number:							
	RR #, St. A City, State,	ddress, Box ZIP Code	# 657 . SALI	JA, KJ 67901		s	
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL ft							
M	AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 2 ft.						
				WELL WAS USED AS: 1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well			
	N V	v — —	_ N E X				
	1						
w			E	4 Industrial	8 Air Conditioning		
Was a chemical / bacteriological sample submitted to Department?Yes							NoX
	If yes, mo/day/yr sample was submitted						
Water Well Disinfected: Yes X No							
5							
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 casing pulled? Yes No Monday If yes, how much If yes, how much in.							uch
6							
Γ	Grout Plug Intervals: From						
What is the nearest source of possible contamination:							and the stand
	1 Septic tank2 Sewer lines			6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storag		ecity below)
	3 Watertight sewer lines 4 Lateral lines			8 Sewage lagoon9 Feedyard	13 Insecticide store 14 Abandoned water	•	
	5 Cess Pool			10 Livestock pens	15 Oil well/Gas well	I	
Direction from well? WEST How many feet?							
FROM TO PLUGGING MATERIALS							
	D 47 BENTON			ITE HOLE PLU	6		
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was comp							
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
by (signature) Da under the posiness name of PESTINGER PHMP SERUICE							
by (signature)							
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.							