1 LOCATION OF WATER WELL:	Fraction	0	T	T	
	1/45 £ 1/4 N W/4	Section Number	Township Number	Range Number	
County: <i>E</i> ///5	<u> </u>	36	15		
Distance and direction from nearest town or city street address of well if located within city? 1522 54224701					
2 WATER WELL OWNER: BEN Reiter					
RR#, St. Address, Box #: Box 853 City, State, ZIP Code: Hazs kaw 6760/ RR#, St. Address, Box #: Box 853 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	H	depth of well			
WELL WAS USED AS:					
N W N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well			
S'W————————————————————————————————————					
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					
Blank casing diameterin. Was casing pulled? Yes No. \sim If yes, how much					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 OtherClay. Spil					
Grout Plug Intervals: Fromft. toft., Fromft. toft., From					
What is the nearest source of possible contamination:					
Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	7 Pit privy	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ge ell	ecify below)	
Direction from well?/20. + How many feet?					
FROM TO PLUGGING MATERIALS					
22' 0 Clay					
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 of 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.					