1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: Ell 5 S	NW1/4 NW/4NW1/4	32	155	18 W
Distance and direction from nearest town or city street address of well if located within city?				
136 230th 2 WATER WELL OWNER: Jerry Fields				
RR#, St. Address, Box #: P.O 206 City, State, ZIP Code: FortSupply OK 7341 Application Number:  3 MARK WELL'S LOCATION WITH  4 DEPTH OF WELL				
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  WELL'S STATIC WATER LEVEL				
₩ELL WAS USED AS:				
N W N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial	6 Oil Field Water 7 Lawn and Garden	Supply 10 Monitorin Only 11 Injection	g Well Well
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 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 If yes, how much				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From. 5.ft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	16 Other (sp ge age well l	ecify below)
Direction from well? How many feet?				
FROM TO P	LUGGING MATERIALS			
29 25 grAU	el			
25 4 bent	powite			
4 0 Tops	011			
		_		
7 CONTRACTOR'S OR LANDOWNER'S on (mo/day/year)	CERTIFICATION:This water of this recommendation and this recommendation and this recommendation and the commendation are consistent and the commendation are consistent as a commendation and the commendation are consistent as a comm	er well was plugged upord is true to the beautiful to the	under my jurisdiction est of my knowledge ar Record was completed	and was completed ad belief. Kansas on (mo/day/year)

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.