| 1 | LOCAT | ION OF WATE | ER WELL: | Fraction | Section Number | Township Number | Range Number | |
|--|---|-----------------------------|-----------------|---------------------------------------|--|----------------------------|--------------------|--|
| Co | unty: | SALI | W F. | NW/A NW/A NOWA | 9 | 15 | 210) | |
| Distance and direction from nearest town or city street address of well if located within city? | | | | | | | | |
| 3781 S. HOLMES KD. | | | | | | | | |
| 2 | 2 WATER WELLOWNER: DETE SMUCKED. | | | | | | | |
| لبا | RR #, St. City, State | Address, Box e, ZIP Code | # 37fl SALIN | | Application Number: | Division of Water Resource | S | |
| 3 | | WELL'S LOCA | | | 3 t | | | |
| | Y | N I | | WELL'S STATIC WATER WELL WAS USED AS: | R LEVEL | | | |
| | | w | - N E | | 5 Dublic Water Course | ale O David | | |
| | , N | , , | 1 | 1 Domestic 2 Irrigation | 5 Public Water Supp6 Oil Field Water Su | • | ering ring Well | |
| w | | | E | 3 Feedlot | 7 Domestic (Lawn & | | | |
| | | | | 4 Industrial | 8 Air Conditioning | 12 Other | ~ | |
| S W S E Was a chemical / bacteriological sample submitted to Department?Yes | | | | | | | No | |
| | | | | | Yes X No | | | |
| | | s | <u>'</u> | water well disinfected: | res} No | | | |
| 5 | TYPE OF BLANK CASING USED: | | | | | | | |
| 1 Steel <u>3 RMP (SR)</u> 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 muchin. | | | | | | | uch | |
| 6 | GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | |
| What is the nearest source of possible contamination: | | | | | | | | |
| | 1 Septic tank | | | 6 Seepage pit | 11 Fuel storage | 16 Other (sp | ecify below) | |
| | 2 Sewer lines3 Watertight sewer lines | | | 7 Pit privy 8 Sewage lagoon | 12 Fertilizer storag13 Insecticide storag | | | |
| | 4 Lateral lines | | | 9 Feedyard | 14 Abandoned water | • | | |
| | 5 Cess Pool | | | 10 Livestock pens | 15 Oil well/Gas well | ll . | | |
| Direction from well? NOLTH How many feet? ——————————————————————————————————— | | | | | | | | |
| FROM TO PLUGGING MATERIALS | | | | | | | | |
| D A FILL N | | 1.0.7 | | | | | | |
| | 2 33 135 10 701 | | WITE HOLE PL | 16 | | | | |
| | | | CEIOID | TO THE THE TANK | | | | |
| \vdash | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| <u>_</u> | | | | | | | | |
| 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. This Water Well Record was completed on (mo/day/year) under the business name of DESTINGER TO STATE METERS OF THE PROPERTY OF THE P | | | | | | | | |
| Water Well Contractor's License No. This Water Well Record was completed on (mo/day/year) by (signature) This Water Well Record was completed on (mo/day/year) by (signature) | | | | | | | | |
| 15 | 0-176420 | | | | | | | |
| II/ | INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct | | | | | | | |

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.