1	1 LOCATION OF WATER WELL:			Fraction	Section	Number	Township Number	Range Number	
					,	15-5	8-W		
Distance and direction from pearest town or city street address of well if located within city?									
Distance and direction from nearest town or city street address of well if located within city? SW Comst of Jct. 140 i 156 Hwy Fllsworth, & NW# 2									
2	WATER	WELL OWNER:	NON Fa	HZEF	- · · · · · · · · · · · · · · · · · · ·	7			
	RR #, St. Address, Box #: City, State, ZIP Code : Filsworth Ks 67439 Board of Agriculture, Division of Water Resources Application Number:								
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL									
WELL'S STATIC WATER LEVEL ft.									
		×		WELL WAS USED AS:					
	N	w — —	N E	1 Domesti		blic Water Supp	•	•	
				2 Irrigation 3 Feedlot		Field Water Su mestic (Lawn &	Garden) 11 Injecti	oring Well on Well	
w			E	4 Industria	l 8 Air	Conditioning	12 Other		
	S W S E S Was a chemical / bacteriological sample submitted to Department?Yes								
	L	S		Water Well Disinfec	ted: Yes	No			
5 TYPE OF BLANK CASING USED:									
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)									
OPVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameter 1 yes, how much 30+ Scr									
Casing height above or below land surface									
6									
Grout Plug Intervals: From									
What is the nearest source of possible contamination:									
1 Septic tank 2 Sewer lines				6 Seepage pit 7 Pit privy	12	11 Fuel storage 16 Other (specify below) 12 Fertilizer storage			
Watertight sewer lines 4 Lateral lines			lines	8 Sewage lagoon 13 Insecticide storage 9 Feedyard 14 Abandoned water well			=		
5 Cess Pool			<u>.</u> .	10 Livestock pens	15 (Dil well/Gas wel			
Direction from well? SE How many feet?									
FROM TO PLUG				GGING MATERIALS					
48 1		1	Birtonts 3/8 Chips Top Soil & rock		PŠ	•*			
1		D	Top So	1 & rock					
			0						
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed									
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									
by (signature)									
IN									
INSTRUCTIONS: Use typewrifer 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.									
l le	Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.								