1 LOCATIO	ON OF WATER	R WELL:	Fraction	Section Number	Township Number	Range Number	
County:			NW1/45W1/4 WW1/4	9	177	28/1/	
Distance and direction from nearest town or city street address.of well if located within city?							
From Shields 3/4 E \$ 1/25							
2 WATER WELL OWNER: Bachelman  RR#. St. Address. Box #: 500 102							
City, State, ZIP Code: Digition, KS. 67839 Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
AN "X" IN SECTION BOX:  N WELL'S STATIC WATER LEVEL							
			WELL WAS USED AS:	:			
N .	W	—N E	2 Irrigation	5 Public Water Sup 6 Oil Field Water	Supply 10 Monitorin		
w			3 Feedlot E 4 Industrial	7 Lawn and Garden 8 Air Conditioning			
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. X. If yes, mo/day/yr sample was submitted							
Χ	Water Well Disinfected: Yes No. X						
5 TYPE OF BLANK CASING USED:							
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							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From. 4ft. toft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage							
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well							
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?							
FROM	TO	PLI	UGGING MATERIALS				
76	<u>•7</u>	Clay	Doll				
7	4_	Denor	onde Asil				
4	0	10p	WU				
						,	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed							
on (mo/day/year)							
by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,							

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.