1 LOCATION	OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: L	ANÉ	SE 1/4 NE 1/4 SE 1/4	3	175	30W
District of the state of the st					
1 & Blocks North ow Sycamores Street OFF #4 Hwy In Healy 2 WATER WELL OWNER: Willard E FOOS					
City, State, ZIP Code: Heals, Ks. 67850 Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL					
WELL WAS USED AS:					
w N'W		1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	7 Lawn and Garden (Supply 10 Monitorin Only 11 Injection	ig Well Well
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. X. If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes. (No.) No wATER DRY					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) HAND Dug 16 Cost					
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Casing height above or below land surfacein.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From. 152.ft. to. 182.ft., 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)					
1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool		7 Pit privy 8 Sewage lagoon		ge age well	
Direction from well?					
FROM TO PLUGGING MATERIALS					
15± A	1	towite Gold Chip			
		SAND + DIRT			
0	2 FT TOP				
	1				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.