1	LOCA	TION OF WA	TER WELL:		Fraction	Section	Number	Township	Number	Range	Number	
County: Rush					NW4 NE 14 NW 14		20	18	2	16	X <b>≅</b> √W	
_			n nearest town	or c	ty street address of well if loc				)	10	<del>\</del>	
	1½ W	est, ½ N	orth of S	haf	fer	/						
2	231 F 12th 8006 E LEH 80237											
		t. Address, Bate, ZIP Code	0x #:J ,,		5. 6/601/	Appl	ication Number		ater Resourc	es		
3		WELL'S LOC	CATION WITH	ļ	4 DEPTH OF WELL							
_	N N											
	X				WELL WAS USED AS:							
-	NV	v — — —	— NE		1 Domestic		Water Supply	4	9 Dewateri	•		
					2 Irrigation 3 Feedlot	7 Dome	eld Water Súpp estic (Lawn & G		<ul><li>10 Monitorin</li><li>11 Injection</li></ul>			
W		1		E	4 Industrial	8 Air Co	onditioning		12 Other			
SE SE Was a chemical / bacteriological sample submitted to Department? Yes									NoX			
Water Well Disinfected: YesHTH No												
_		S			water well distrilected: Ye	SHAAA NO	)					
5	TYPE OF BLANK CASING USED:											
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 8 Concrete Tile											
	Blank o	casing diame	ter16 in	surf	Was casing pulled?	Yes	No	X If y	es, how muc	ch		
		T PLUG MAT			at cement 2 Cement grou		tonite 4 C	ther				
Grout Plug Intervals: From												
What is the nearest source of possible contamination:												
1 Septic tank					6 Seepage pit		11 Fuel storage 16 Other (specify belo			cify below)		
<ul><li>2 Sewer lines</li><li>3 Watertight sewer lines</li></ul>					<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>		12 Fertilizer storage None					
4 Lateral lines 5 Cess pool				9 Feedyard 10 Livestock pens		ndoned water w vell/Gas well	rell					
		-										
	Directi	on nom wen?			now many	——	***************************************					
FROM		ТО		PLU	GGING MATERIALS							
	65½	- 26	Chlorin	ate	d gravel				:N/E	7		
	26	3	Cement					RECE		<i>_</i>		
	3	0	Top soi	l				-JUL :	1 2006			
								BUREAU	OFWAT	ER		
						DECT	ren	BUKEAU	01 447			
CORRECTED												
			:			·						
7	CONT	A O T O DIO (	25 1 4 1 1 2 2 1		NO OCRTICIONI THE						-1-1-1	
	(mo/day	NTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was of solday/year)								id was com	pleted on ef. Kansas	
	Water W	ell Contractor	's License No.	<u>1</u>	54 husiness name of ROSE	encrantz-	This Wat	er Well Recor	d was comp	leted on (mo	/day/year)	
	by (sig	nature)	Sonom C	ير في	O				••••••			
INST	BUCTIO	ONS: Use tv	pewriter or h	all n	oint pen. <u>Please press firm</u>	nly and print	clearly Pleas	e fill in blank	s. underline	or circle the	e correct	
					s Department of Health an							

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.

WATER WELL PLUGGING RECORD Form WWC-5P KSA 82a-1212 ID NO.\_\_

7/27/06-Pasencronty-Bernie failed to put Correct address

On the form wwc-5P. This in to inform you of

the incorred impormation. It should be LAVERN HUENERGARDT

of Corners Trush + Bevery Kay.

Thanh your JO Huney orth 8006 G. LEHIGH AVE. DENVER, CULO, 80237. 303-771-3060