KSA 82a-1212

1 LOCA	TION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Nth		NW45W45t 14	30		ZW	
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER	ILATOR A LAMPI					
RR #, St	t. Address, Box #: 301 W-5 ate, ZIP Code : NF56 ()	sycamore ny 16- 19610	Board of Agriculture, Application Number:	Division of Water Resource	s	
_	(WELL'S LOCATION WITH " IN SECTION BOX:	4 DEPTH OF WELL WELL'S STATIC WATER	n 19 n n n n n n n n n n n n n n n n n n			
	N	WELL WAS USED AS:	I lake I have approximately an			
N	NW	1 Domestic	5 Public Water Supp			
w		2 Irrigation 3 Feedlot 4 Industrial	6 Oil Field Water Su 7 Domestic (Lawn & 8 Air Conditioning	Garden) 11 Injectio	oring Well on Well	
s	Was a chemical / bacteriological sample submitted to Department?Yes					
	S	Water Well Disinfected:	Yes No			
5 TYPE	OF BLANK CASING USED:					
1 Ste	1 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 7.315 in. Was casing pulled? Yes No. 16, yes, how much 53						
6 GROU	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: From						
1 5	What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit Fuel storage 16 Other (specify below)				ecify below)	
2 Sewer lines 3 Watertight sewer lines		7 Pit privy8 Sewage lagoon	12 Fertilizer storag13 Insecticide stora	age		
	_ateral lines Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned wate15 Oil well/Gas wel			
Direction from well? 500H How many feet? 450						
FROM TO PLUGGING MATERIALS						
0	3 COMPAC	760 6016				
3	50 BENYOT	NITE CHIPS				
-						
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. <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						