KSA 82a-1212

											r	
1 LOCATION OF WATER WELL:			- F	Fraction			n Number	Township	Number	Range Number		
County: NHH			NN	NW45W 46t 4			30	17		73W		
Distance and direction from nearest town or city street address of well if located within city? NIRTH SUST SYCAMURE St., BETWEEN KANSAS AVE. AND COURT ST.												
2 WATER WELL OWNER: HAROLA VABLE												
	RR #, St. Address, Box #: 301 W . 5 City, State, ZIP Code : 0146 (11			1.	SYCAMORE 1V.KG- U15U0			Board of Agriculture, Division of Water Resources Application Number:				
3		ELL'S LOCA SECTION	ATION WITH BOX:	4	depth of well							
		<u> </u>				AS USED AS:	1 LEVEL					
w	N W	N W			1 Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring 3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection W 4 Industrial 8 Air Conditioning 12 Other						ring Well	
	s ws E				Was a chemical / bacteriological sample submitted to Department?Yes							
L,	<u> </u>	S		Wa	ater Well	Disinfected:	Yes	. NoV				
5	TYPE OF BLANK CASING USED:											
	1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile /											
6												
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 1 Fuel storage 16 Other (specify 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? How many feet?									ecify below)			
	FROM TO PLUGGING MATERIALS											
	0 3 COMPACIONIS			Mth. NIIt	75 50165 Tt CHIPS							
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 This Water Well Record was completed on (mo/day/year) by (signature)												
10				/***	-/-	/	firmly and	print closely Pla	ago fill in blan	ke under	no or circle the serrest	
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.												