				r- · · · · · · · · · · · · · · · · · · ·		
1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	ounty: NHH	56 14 Nt 145W 14	30	17	73W	
Distance and direction from nearest town or city street address of well if located within city? NEAR SUVIEWED CITY CHESTINIA AND CITY ST.						
2	WATER WELLOWNER: HAROLA	VABLE	\			
	RR #, St. Address, Box #: 301 W - City, State, ZIP Code : NHA	5XCAMORE 11X, KG. 19560	Board of Agriculture, Application Number:	Board of Agriculture, Division of Water Resources Application Number:		
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL 33.03 ft.					
-	N I	WELL WAS USED AS:	l LL Y LL			
	N W — N E —	1 Domestic	5 Public Water Supp			
١.,		2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestic (Lawn &	Garden) 4 Injection		
W	E	4 Industrial	8 Air Conditioning			
S W S E Was a chemical / bacteriological sample submitted to Dep.					No	
Water Well Disinfected: Yes No				1. /		
	S	Water Well Distributed.	165			
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						
Blank casing diameter					uch40 '	
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite (4) Other					
H	Grout Plug Intervals: From					
	What is the nearest source of possible contamination:					
ļ	1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	(1) Fuel storage 12 Fertilizer storag	16 Other (sp e	ecify below)	
	3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide stora 14 Abandoned water	age		
	4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	15 Oil well/Gas wel			
	Direction from well? 50000					
FROM TO PLUGGING MATERIALS						
	n 3 CIMIDAC	11-1 60116				
H	3 40 BEN/(1)	MIL CHILD				
	7 90 17010101	VIII VIIII				
r						
Г						
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. Kar Water Well Contractor's License No						
by (signature)						
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.						