1 LOCATIO	ON OF WATER WELL:	Fraction WEST &	Section Number	Township Number	Range Number	
County:	LANE	SE1/4/21/4 SW1/4		18	259(1)	
Distance		arest town or city stree	t address of well if			
2 WATER		Ranger Feeders II			_	
	Address, Box #: te, ZIP Code :	Box 880 Ks. 6783	Board of Agri Application N	culture, Division of umber:	Water Resources  99 Out or LeF La	11.
I	ELL'S LOCATION WITH IN SECTION BOX: N	4 DEPTH OF WELL  WELL'S STATIC WAT  WELL WAS USED AS:	er levelルなな	ft.		•
WN	N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Sup 6 Oil Field Water 7 Lawn and Garden 8 Air Conditioning	Supply 10 Monitorin	ng Well Well	
s	#-10 S E	If yes, mo/day/yr s	eriological sample s ample was submitted. eted: Yes No		t? YesNo 🔏	
E TYPE O	S					
	F BLANK CASING USED:	ha "7 Pilaan	onlana O Othon	(anasifu balau)		
① Stee 2 PVC	4 ABS 6 As		ete Tile	(specify below)		
Blank Casing	casing diameter\$. height above or belo	in. Was casing ow land surface/2	pulled? Yes.X Belauin.	No If yes, how	much	
1	PLUG MATERIAL: 1 Nea			4 Other		
اا Grout ا	Plug Intervals: Fr	om. <i>1.4.</i> ft. to <i>3.4</i> ft	., From.92.ft. t	o .l.4ft., From	4. to. 9.2.ft.	
What i	s the nearest source	of possible contamination	n:			
2 Sei 3 Wai 4 Lai	ptic tank wer lines tertight sewer lines teral lines ss Pool	6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	ge age well	pecify below)	
Direct	ion from well? No	orth East	How many feet?	2,000 FT		
FROM	то Р	LUGGING MATERIALS				
14	3/0 WA	shed SAUD				
95		ean Dirt				
4		towife chips				
			-			
a talenta and the second and the sec						
7 CONTRA on (mo Water by (si	CTOR'S OR LANDOWNER'S /day/year)	CERTIFICATION: This water and this recommense No. NW. F.C. Co. under the business name of the control of the co	er well was plugged upond is true to the beat. This Water Wellme of Ricks. 7	nder my jurisdiction st of my knowledge ar Record was completed CRNCANAS SECURE	and was completed nd belief. Kansas l on (mo/day/year)	
INSTRUCTI	ONS: Use typewriter	or ball point pen. Plea	ase press firmly and	print clearly. Pleas	se fill in blanks,	

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.