1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: LANE	SUN14 ANE 1/4 SUN14	18	185	28 W
Distance and direction from ne SOOBLK NO. U. 2 WATER WELL OWNER:	A 100 A	address of well if	located within city?	
 RR#, St. Address, Box #: City, State, ZIP Code :		Application N		Water Resources
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:  N  N  N  N  S  S  TYPE OF BLANK CASING USED:  1 Steel 3 RMP (SR) 5 WI 2 PVC 4 ABS 6 AS  Blank casing diameter	WELL'S STATIC WATE WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial  Was a chemical/bact If yes, mo/day/yr s  Water Well Disinfec	7 Lawn and Garden 8 Air Conditioning eriological sample sample was submitted. ted: Yes No	oly 9 Dewatering Supply 10 Monitoring 11 Injection 12 Other	g Well Well nt? YesNo
Casing height above or belo 6 GROUT PLUG MATERIAL: 1 Nea	ow land surface36  at cement 2 Cement gro  com7ft. to7ft	ut 3 entonite ., Fromft. t	4 Other	, , , , , , , , , , , , , , , , , , , ,
	6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer stora 13 Insecticide stor 14 Abandoned water 15 Oil well/Gas wel	ge age well	pecify below)
SS'60' Clear	PLUGGING MATERIALS  ODE D  Sand	How many feet?		
7 CONTRACTOR'S OR LANDOWNER' on (mo/day/year)	s CERTIFICATION: This water and this recommend the commendation of the business man	er well was plugged ord is true to the bo This Water Well me of	under my jurisdiction est of my knowledge a l Record was complete	and was completed nd belief. Kansa d on (mo/day/year

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.