1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: McPherson		SW 1/4 NW 1/4 NW 1/4	28	18	3 W		
Distance and direction from nearest town or city street address of well if located within city?							
5 miles North of McPherson							
WATER WELL OWNER: Les Toben							
RR#, St. Address, Box #: City, State, ZIP Code :							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
AN "A"	N WELL'S STATIC WATER LEVELft.						
WELL WAS USED AS:							
 	w	N E	1 Domestic 5 Public Water Supply 9 Dewatering				
			2 Irrigation 3 Feedlot	2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other Heat Pump			
W			E 4 Industrial	8 Air Conditioning	12 Other ∏Ç¢	t Fuit	
S W S E Was a chemical/bacteriological sample submitted to Department? Yes If yes, mo/day/yr sample was submitted						t? YesNo.X	
Water Well Disinfected: Yes No.X							
S							
TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass XP Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter $3/4$ in. Was casing pulled? Yes No χ If yes, how muchin.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 🕺 Bentonite 4 Other							
Grout Plug Intervals: FromQft. to180.ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
	otic tank		6 Seepage pit	11 Fuel storage	16 Other (sp	ecify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer stora 13 Insecticide stor	ge age	•••••	
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage X4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?West							
FROM	то	PL	UGGING MATERIALS				
0	2	Top So:	il				
2	98	Tan Cla	av				
98	105		y with Fine Sand				
105	115	Fine to Medium Sand					
115	131	Red Shale					
131	190	Green S					
	130	OLCGII B					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)12/5/96							
INSTRUCTIONS: Use Expewriter or hall point pen. Please press firmly and print clearly. Please 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.