			Y			
1 LOCATIO	ON OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number
1 LOCATION OF WATER WELL: Fraction Section Number Township Number Range Number County: N.E. 16-19-16 NE1/4NE/4NE/6-19-16 Harfuld R-16-W						
Distance and direction from nearest town or city street address of well if located within city?						
2 Water Well OWNER: LORAY Wilhelm						
RR#, St. Address, Box #: 644 Board of Agriculture, Division of Water Resources						
City, State, ZIP Code: A BER KANSAS 6757 Application Number:						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
N WELL'S STATIC WATER LEVELft.						
		×	WELL WAS USED AS:			
W	W	N E	1 Domestic 2 Irrigation 3 Feedlot E 4 Industrial		Supply 10 Monitori Only 11 Injectio	ng Well n Well
S'W————————————————————————————————————						nt? YesNo
			Water Well Disinfec	ted: Yes X No		e e e e e e e e e e e e e e e e e e e
	S	***************************************				
5 TYPE OF BLANK CASING USED:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Aspestos-Cement 8 Concrete Tile						
Blank casing diameterin. Was casing pulled? Yes No. 🗶 If yes, how much						
Casing height above or below land surfacein.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout F	Plug Interv	als: From	m. toft	., From d. d. ft. t	o 🎝ft., From	toft.
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direct	ion from we	ell?		How many feet?		
FROM	то	PLUGGING MATERIALS		EAST	well	illy the second
?	95	CAved in				
95	70	Bent	owite			35 35 35
70	22	CIAV	1			*
ત્રેત્રે	3	Benj	+onite		*. * a	.,
7 CONTRA	CTOR'S OR L	ANDOWNER'S	CERTIFICATION: This water	er well was plugged u	under my jurisdiction	and was completed
Water	Well Contr	ctor's Lice	ense No. 4.2.4	Ihis Water Well	Record was complete	ed on (mo/dayyyear)
Water Well Contractor's License No. 4.2.4 This Water Well Record was completed on (mo/day/year)						
		• •		4		4414

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.