				TEN WELL FLOGGING NE		-SI NOA OZA	1212 1014			
1 LOCATION OF WATER WELL:			F	raction	Section Number	Township	Number	Range	Number	
County: McPherson				1 1/4 SW 1/4 NE 1/4	28	1	9 S	3	E/ {	
			-	treet address of well if loca	ted within city?				-	
	Kansas,									
2 WATER	WELL OWNE		nn I Box	loover 808						
	. Address, Box te, ZIP Code	#.		erson, KS 67460 Board of Agriculture, Division of Water Resources Application Number:						
I	WELL'S LOCA		4	4 DEPTH OF WELL 63 ft.						
AN "X"	AN "X" IN SECTION BOX:			WELL'S STATIC WATER LEVEL						
				WELL WAS USED AS:						
NW		NE -		1 Domestic	5 Public Water Sup	pply	2 Dewater	ing		
				2 Irrigation 3 Feedlot	6 Oil Field Water S 7 Domestic (Lawn		Monitorii			
w -	X		Ξ	4 Industrial	8 Air Conditioning	a daluen)	•			
0144			l v	Was a chemical / bacteriological sample submitted to Department? Yes						
Svv	SW SE			If yes, mo/day/yr sample was submitted						
	 		V	Vater Well Disinfected: Ye	s NoX					
TVDE		SING HEED:								
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										
	asing diamete			Was casing pulled?		No .X	If yes, how mu	ıch		
Casing height above or below land surface										
0	^ 4									
— Grout Plug Intervals: From0										
	ptic tank			6 Seepage pit	11 Fuel storage	(16 Other (spe	cify below)		
2 Sewer lines				7 Pit privy		12 Fertilizer storage UST basin				
3 Watertight sewer lines4 Lateral lines				8 Sewage lagoon 9 Feedyard	14 Abandoned wa	ater well				
5 Ce	ess pool		,	10 Livestock pens	15 Oil well/Gas we					
Direction from well?SE										
FROM TO PL			PLUGO	GING MATERIALS						
0	1	Native	soi							
1	3	Bentoni								
3	63	Bentoni	te	(2")	MW12				`	
						KDHE #U5 059 00897 GeoCore #381				
					Geocore #	F38 I				
7 CONTI	RACTOR'S O	F LANDOWI	NER'S	CERTIFICATION: This	water well was plug	ged under my	jurisdiction a	ind was cor	npleted on	
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)										
by (signature)										
		, 0- 100	<u> </u>							
				nt pen. <u>Please press firr</u> Department of Health ar						

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.