ID NO._

| 1 | LOCAT | TION OF WAT | TER WELL: | Fraction | Section Number | Township | Number | Range | Number | |
|---|--|---------------------------------|------------------|---|--|----------|---|-------------|---|--|
| Cou | ^{unty:} Pa | wnee | | SW ¹ / ₄ SW ¹ / ₄ SE ¹ / ₄ SE | 32 | 21 | S | 16 | EW | |
| Dis | tance and | direction from | nearest town or | city street address of well if loo | | | · · · · · · · · · · · · · · · · · · · | | | |
| 1 1 | ain & | 2nd - | Larned | | | | | | | |
| 2 | 2 WATER WELL OWNER: Constant Oil | | | | | | | | | |
| | | t. Address, Bo ate, ZIP Code | | Board of Agriculture, Division of Water Resources Application Number: | | | | | | |
| 3 | MARK | WELL'S LOC | CATION WITH | | 127 ft. | | | - | | |
| Г | AN "X" IN SECTION BOX: | | | WELL'S STATIC WATE | ER LEVEL1.74.2 ft. | | | | | |
| | | | | WELL WAS USED AS | : | | | | | |
| | NV | v — | NE | 1 Domestic | 5 Public Water Suppl | | 9 Dewater | | | |
| | | | | 2 Irrigation 3 Feedlot | 6 Oil Field Water Sup7 Domestic (Lawn & | | 10 Monitoria 11 Injection | Well | | |
| W | | | | 4 Industrial | 8 Air Conditioning | | 12 Other | | | |
| | SW SE Was a chemical / bacteriological sample submitted to Department? Yes | | | | | | | | | |
| | Water Well Disinfected: Yes | | | | | | | | | |
| ' | | S | | vvaler vveii Disiniected: Y | es No | | | | | |
| 5 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 | | | | | | | | | | |
| Blank casing diameter | | | | | | | | | | |
| | | | | urface2 | | | , | | | |
| 6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other | | | | | | | | | | |
| Grout Plug Intervals: From20 ft. to ft., From | | | | | | | | | ft | |
| | | eptic tank | source or possib | 6 Seepage pit | 11 Fuel storage | 1 | 16 Other (spe | cify below) | | |
| 2 Sewer lines3 Watertight sewer lines | | | | 7 Pit privy 8 Sewage lagoon | 12 Fertilizer storage 13 Insecticide storage | | , , | | | |
| 4 Lateral lines | | | | 9 Feedyard | 14 Abandoned water | | | | | |
| | | ess pool | Tmmodiat | 10 Livestock pens | 15 Oil well/Gas well | | | | | |
| | Direction from well? ImmediateDomain How many feet? | | | | | | | | | |
| FROM TO PLU | | | | LUGGING MATERIALS | | | | | | |
| 20 0 Bentonit | | | Bentoni | te | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | - | | | | | | | | |
| 7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on | | | | | | | | | | |
| (mo/day/year)41.205 | | | | | | | | | | |
| Water Well Contractor's License No66.5 | | | | | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| INIG | | | 1000 | CXCU | | | | | | |
| | | | | ll point pen. <u>Please press fir</u> sas Department of Health a | | | | | | |

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