1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County:	PAWNER	-	SW 1/45W 1/45W1/4	6	21	/7
			rest town or city stree	t address of well if	located within city?	
	VELL OWNER:	LAINEA R=1	4 Voth			
1 1		x #: <i>RR</i>	3 Box 1/2	Board of Agri	culture, Division of	Water Resources
City, Stat	e, ZIP Cod	de : LAR	NED, KS 675	SSO Application N	umber:	
	ELL'S LOCAT		L	124		
	N		WELL'S STATIC WAT	ER LEVEL 7.5	ft.	
			WELL WAS USED AS:			
N	\w 	N E	<u>1 Domestic</u> 2 Irrigation		Supply 10 Monitorin	•
w		E		7 Lawn and Garden (8 Air Conditioning		
			· ·			
s	' W	—\$ E——		eriological sample s ample was submitted.	ubmitted to Departmen	nt? YesNo
×			Water Well Disinfec	ted: Yes No	• • • •	
	S					
5 TYPE OF	BLANK CAS					
1 Steel 2 PVC	3 RMP (4 ABS		ught 7 Fiber estos-Cement 8 Concre	glass 9 Other ete Tile	(specify below)	
			in. Was casing		No.X If yes, how	much
Casing	height abo	ove or below	land surface.3 ft. k			
		AL: 1 Neat	_	<u> </u>	4 Other	1
			7.6 .ft. to 3 ft		oft., From	toft.
What is	the neare	est source of	possible contamination			
2 Sev	otic tank wer lines			11 Fuel storage 12 Fertilizer storag	ge —9a.c	ecify below)
	ertight se eral lines	3	8 Sewage lagoon 9 Feedyard	13 Insecticide store 14 Abandoned water	age 💆	•
	ss Pool		10 Livestock pens	15 Oil well/Gas well	_	
Directi	on from we	ell? /V.o.r. t	hwest	How many feet?	?	
FROM	то	PLU	IGGING MATERIALS	- Witness	sed by 12-	15-97
124	76	Sand	and gravel	Chrs	,	
76	3	bent	onite	CKLEPE		
3	0	top:	soil	1993 1	ANISAS AVE	
		# Y 41 .		- 100 - L	Barel, KS 67.	530
					SHELL, FO	
				\dashv (${}^{\prime}$	-() d	
On (mo)	TOR'S OR L day/year).	ANDOWNER'S C	ERTIFICATION: This water	r well was plugged u rd is true to the be	nder my jurisdiction st of my knowledge an	and was completed d belief. Kansas
Water V	ell Contra	actor's Licer	under the business name	This Water Well e ofK.C.II.y.3	Record was completed	on (mo/day/year) K.IISer.vice.
by (sig	nature) .	rattu	you. a. waa	<u>a</u>	• • • • • • • • • • • • • • • • • • • •	

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.