					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>		
1 LOCATION OF WATER WELL:			Fraction		Section Number	Township Number	Range Number	
County: Pawnee			NN1/4 SE1/4	5W1/4	27	215	19W	
Distance and direction from nearest town or city street address of well if located within city?								
South Main Street Rozel Komsus mw-2								
2 WATER WELL OWNER: Golden Plans COOP								
RR#, St. Address, Box #: P.O Box GB . S. Main St. Board of Agriculture, Division of Water Resources City, State, ZIP Code : Rozel K5 67574 Application Number:								
City, State, ZIP Code: Roze   K5 67574 Application Number:  3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL								
AN "X" IN SECTION BOX:								
[								
WELL WAS USED AS:								
N	`W	—N E——		1 Domestic 5 Public Water Supply 9 Dewatering 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				
w			3 Feedl					
			- Thous	,	o All conditioning	12 0(1101)11	_	
ss	Was a chemical/bacteriological sample submitted to Department? Yes No.							
'	If yes, mo/day/yr sample was submitted							
Water Well Disinfected: Yes								
5 TYPE OF BLANK CASING USED:								
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below)								
TOPVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile								
Blank casing diameter								
Casing height above or below land surfacein.								
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
1 Septic tank 6 Seepage pit 1 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage								
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage								
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well?								
FROM	то		JGGING MATERIALS					
	3				-			
0	2	70ps0						
2	50	Bento	nite					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed								
on (mo/day/year)								
by (signature)								
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.								