					r		
1 LOCAT	ION OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number	
County:	Narve	1 -	SE 1/4 NE 1/4 NW 1/4	29	235	300	
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: Bridgeman Oil Co, elic.							
RR#, St. Address, Box #: 109 Clary City, State, ZIP Code: 1/LLA hinsen, Karnas 67501 Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVELft.							
	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							
		E	3 Feedlot	7 Lawn and Garden 0	Lawn and Garden Only 11 Injection Well Air Conditioning 12 Other		
"			4 mastrat	5 ATT CONGRETORING	TE Other	_	
Was a chemical/bacteriological sample submitted to Department? YesNo.V							
Water Well Disinfected: Yes No							
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 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes No							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From Q ft. to. Q ft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
2 Se	ptic tank wer lines		6 Seepage pit 1 7 Pit privy 1	2 Fertilizer storage	Fertilizer storage .UST.Baouy		
4 La	tertight se teral lines	;	9 Feedyard 1	3 Insecticide storag 4 Abandoned water we			
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well? NE How many feet?&							
FROM	10		GING MATERIALS	_			
0_	15	Bentoni Bentoni	te 8"	_			
<u> 15</u>	20	Benton	tt 2"	_			
				_			
				_			
				_			
				2017			
7		**********		mw2			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). 203/22							
Water Well Contractor's License No547							
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: 785/296-3565. Send one to Water Well Owner and retain one for your records.