					T	
1 LOCATIO	ON OF WAJTER WEI	LL:	Fraction	Section Number	Township Number	Range Number
County:	Finney	ı	1 E 1/45W1/4 NW1/4	6	23	33
Distance and direction from nearest town or city street address of well if located within city?						
WATER WELL OWNER: Action From the Road of Assignations of Mater Bosses						
RR#, St. Address, Box #: City, State, ZIP Code: Cyks 67346 Board of Agriculture, Division of Water Resources Application Number:						
City, State, ZIP Code: (A A) 6 () Y C Application Number:						
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL						
WELL'S STATIC WATER LEVEL.						
WELL WAS USED AS:						
	l.,	1_		E Dublic Uston Cum	nly O Dougtonin	_
X N	N N	E	1 Domestic 2 Drrigation	5 Public Water Supp 6 Oil Field Water S	ply 9 Dewaterin Supply 10 Monitorin Only 11 Injection	
W	2	E	3 Feedlot 4 Industrial			
"			11.0001.101	5 XII 55	,_ ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
S W————————————————————————————————————						
If yes, mo/day/yr sample was submitted						
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)						
Z PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameterin. Was casing pulled? Yes No If yes, how muchin.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: Fromft. toft., Fromft. toft., From						
What is the nearest source of possible contamination:						
1 Septic tank 6 Sec. 2 Sewer lines 7 Pf			6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage	16 Other (sp	ecify below)
3 Watertight sewer lines			8 Sewage lagoon	13 Insecticide store	age	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? How many feet?						
FROM	TO		GING MATERIALS	_		
				-		
			1.00			
7 CONTRACTOR'S OR EANDOWNER'S CERLIFICATION: This water well was plugged under my jurisdiction and was completed						
on (mo/day/year)and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No						
by (signature)						
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,						

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.