1 1	OCATION OF WATER WEL	·	Fraction	Section Number	Township Number	Range Number	
	D			17			
County: Keno NEW NEW SEW 17 235 S EN							
Distance and direction from nearest town or city street address of well if located within city? History History							
2 \							
Ш .		ity of	t flatch/mod			•	
	RR #, St. Address, Box #: City, State, ZIP Code : Harbin Son						
	MARK WELL'S LOCATION W AN "X" IN SECTION BOX:	VITH	4 DEPTH OF WELL				
	WELL'S STATIC WATER LEVEL ft.						
		~	WELL WAS USED A	S:			
	NW NE -	A	1 Domestic	5 Public Water Supply			
			2 Irrigation 3 Feedlot	6 Oil Field Water Sup7 Domestic (Lawn & C			
W		E	4 Industrial	8 Air Conditioning			
	- SW 0F		Was a chemical / bacterio	ological sample submitted to D	epartment? Yes	No	
	— SW — — — SE —			was submitted		,	
			Water Well Disinfected:	Yes No			
	S						
5 7	YPE OF BLANK CASING U	SED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)							
2PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameter in. Was casing pulled? Yes No If yes, how much If yes, how much							
CROUT BLUC MATERIAL. 1 Next compart 10 Compart arout 10 Posterite 1 Other							
Grout Plug Intervals: From							
What is the nearest source of possible contamination:							
1 Septic tank			6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)	
2 Sewer lines 3 Watertight sewer lines			7 Pit privy 8 Sewage lagoon	12 Fertilizer storage	2 Fertilizer storage		
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?							
FRO	м то	PLLIC	GGING MATERIALS				
A		1 . 7					
0	6 Ben	ton ite	- Collapse	ar 6			
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on							
— (mo/day/year)							
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: 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. 407 This Water Well Record was completed on (mo/day/year) by (signature) 13.05 under the bysiness name of 200 March 14.00 Contractor's License No. 400 March 14.00 Contract							
b	y (signature)	MC,	Knowlf	, ,	, , _		
INSTR	UCTIONS: Use typewrite	r or ball p	oint pen. <u>Please press</u>	firmly and print clearly. Plea	ase fill in blanks, underlir	ne or circle the correct	
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson							

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