1	LOCATIO	ON OF WATE	R WELL:	Fraction	Section Number	Township Number	Range Number	
Cou	nty:	Edwards		SE 1/4 NW 1/4 SE 1/4	36	24	18	
Distance and direction from nearest town or city street address of well if located within city?								
3/4 South, ½ East of Lewis								
2 WATER WELL OWNER: Doug Mclean								
RR#, St. Address, Box #: P.O. Box 277 City, State, ZIP Code : Lewis, Ks. 67552 Board of Agriculture, Division of Water Resources Application Number: 27,443								
1 - 1	3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
WELL'S STATIC WATER LEVEL								
WELL WAS USED AS:								
	N	\ <u> </u>	N E	1	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	n Well	
"				E 4 Industrial	8 Air Conditioning	12 Other	•••••	
	Was a chemical/bacteriological sample submitted to Department? Yes If yes, mo/day/yr sample was submitted							
	Water Well Disinfected: Yes HTH. No							
	S Water wett bisinfected. Tes 33331. No							
5	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							
1	Blank casing diameter							
6 1	6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From. 59ft. to3ft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
·							pecify below)	
	2 50	uer Lines	1:	6 Seepage pit 7 Pit privy	12 Fertilizer storag	2 Fertilizer storege NONE		
3 Watertight sewer lines 4 Lateral lines				7 recuyaru	14 ADDITIONICU MALCI	MCCC		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well? How many feet?								
ı	FROM	то	PLU	JGGING MATERIALS				
	79	59	Gravel					
	59	3	Cement					
-		·						
-	CONTRA	CTODIC OF	LANDOUNED 40	PERTIFICATION THE		adan m. lugisdisati		
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								
by (signature) Some Oletter								

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.