						WATER WELL PLUGGING RE	COND	TOTTI WWWC-SP	NSA 02a-1	212 101	0		
1	LOCATI	ON OF	WATE	R WELL:		Fraction	Section	Number	Township	Number	Range	Num	nber
Coun	ty: E	dwar	ds		1	W 14 SE 14 SW 14	1	16	24		18	3	K ∕W
Distance and direction from nearest town or city street address of well if located within city?													
2 3/4 West, 1 1/8 XX North of Lewis													
2	WATER	WELL	OWN			L Company		EDWw346	53				
						Board of Agriculture, Division of Water Resources Application Number: 20070158							
3	MARK \ AN "X"			ATION WITH BOX:		4 DEPTH OF WELL WELL'S STATIC WATE		ft. 47 ft					
	N				,		,						
						WELL WAS USED AS:							
	NW		<u> </u>	- NE	-	1 Domestic 2 Irrigation		ic Water Supply ield Water Supp		 Dewater Monitoria 			
w					E	3 Feedlot	7 Dom	estic (Lawn & G		11 Injection	Well		
**					_	4 Industrial	8 AIr C	onditioning		12 Otner			•••••
SW SE Was a chemical / bacteriological sample submitted to Department of the submitted to Dep									3	NoX			
Water Well Disinfected: Yes HTH. No													
			S		_	vvater vven Disinfected.	S						
5	TYPE C	F BLA	NK CA	SING 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 diameter5 in. Was casing pulled? Yes												
									- h	10 01110			
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other hole plug Grout Plug Intervals: From													
Grout Plug Intervals: From													
·							11 Fu	el storage	1	6 Other (spe	ecify below)		
		wer lin		u linno	7 Pit privy			12 Fertilizer storage NoneNone					
3 Watertight sewer lines4 Lateral lines						8 Sewage lagoon9 Feedyard	14 Ab	14 Abandoned water well					
5 Cess pool						10 Livestock pens	15 Oil	well/Gas well					
	Direction	on from	well?			How many	feet?						
FROM TO PLU					PLI	JGGING MATERIALS							
73 3 Hole p			Hole pl	110									
	-			Top soi	<u> </u>								
			XXX	10p 301	- 1								
					-								
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed or (mo/day/year)2-7-08 and this record is true to the best of my knowledge and belief. Kansa													ed on ansas
Water Well Contractor's License No											laren ou (u	uay	/year)
by (signature)													
INS	TRUCTI	ONS:	Use ty	pewriter or	ball	point pen. <u>Please press fir</u>	mly and pri	nt clearly. Plea	ase fill in blar	ıks, underli	ne or circle	he co	orrect
						as Department of Health a 67. Telephone: 785/296-55							