1 LC	CATION OF WATER WELL:	Fraction	00	_	·	
			Section Number	Township Number	Range Number	
County: EDWARDS SW 1/4 NW 1/4 NE 1/4			33	24 .	19 W	
Distance and direction from nearest town or city street address of well if located within city?  Hth and Colony Streets, Kinsley Kansas						
2 WATER WELLOWNER: Kinsley Corperative Exchange						
111 1 Character J						
RR #, St. Address, Box #: 4 ** ** CCCCTY SCIECTS  Board of Agriculture, Division of Water Resources  Application Number:						
	RKWELL'S LOCATION WITH	4 DEPTH OF WELL	.5 ′ n			
MA L	AN "X" IN SECTION BOX:  WELL'S STATIC WATER LEVEL					
WELL WAS USED AS:						
	- NW - X NE -					
		1 Domestic 2 Irrigation	5 Public Water Supply 6 Oil Field Water Sup		ering ring Well	
w	- <del>                                     </del>	3 Feedlot 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning	Garden) 11 injectio	n Well	
					······································	
SW SE Was a chemical / bacteriological sample submitted to Department?Yes						
L	s	Water Well Disinfected:	Yes No			
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 diameter						
In.						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout (3) Bentonite 4 Other						
ti.						
What is the nearest source of possible contamination:  1 Septic tank 6 Seepage pit 1 Fuel storage 16 Other (specify below)						
2 Sewer lines 3 Watertight sewer lines		7 Pit privy	12 Fertilizer storage	16 Other (spe	city below)	
	Lateral lines	8 Sewage lagoon 9 Feedyard	<ul><li>13 Insecticide storag</li><li>14 Abandoned water</li></ul>	e well		
	Cess Pool	10 Livestock pens	15 Oil well/Gas well	*****		
Direction from well?						
FROM TO PLUGGING MATERIALS						
0'	16' BENTONITA	€ 8"				
16'	17.5' BENTONITA					
			- mwA6			
7 CONTRACTOR'S OR A ANDOWNER'S CERTIFICATION: This mater well						
7 CONTRACTOR'S OB LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)						
5/13/2003 under the business name of GEOLORE INC.						
S) (Syntatore)						
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 Frint clearly.						
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.						