KSA 82a-1212

1	LOCAT	ION OF WAT	ER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Finney				NW 14 NE 14 NW 14	18	24	32 _{(E)W}	
Distance and direction from nearest town or city street address of well if located within city?								
310 West Kansas, Garden City								
2	THE STATE OF THE S							
		. Address, Bo te, ZIP Code	Απ.	W Jackson Board of Agriculture, Division of Water Resources , KS 66612 Application Number:				
3	WATER VILLE & LOOP WHOM WITH			4 DEPTH OF WELL				
	AN "X"	IN SECTION	BOX:	WELL'S STATIC WATER LEVEL 42.2 ft.				
		X		WELL WAS USED AS:				
	NW	,	NE	1 Domestic	5 Public Water Supply	9 Dewater	ing	
			-	2 Irrigation 3 Feedlot	6 Oil Field Water Supply7 Domestic (Lawn & G.)			
W			E	4 Industrial	8 Air Conditioning	12 Other	vve::	
				Was a chemical / bacteriological sample submitted to Department? Yes				
SW SE If yes, mo/day/yr sample was submitted								
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								
Casing height above or below land surface in.								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From								
What is the nearest source of possible contamination:								
 Septic tank Sewer lines 			6 Seepage pit 7 Pit privy		(1) Fuel storage 12 Fertilizer storage	16 Other (spe	CITY DOLOW)	
		Watertight sewer lines Lateral lines		8 Sewage lagoon9 Feedyard	13 Insecticide storage14 Abandoned water water	veil		
		ess pool		10 Livestock pens	15 Oil well/Gas well	V G11		
Direction from well? How many feet?								
FROM TO PLUGGING MATERIALS								
			Silty Clay					
0		3						
3		28	Bentonite					
	28	33.6	Sand					
				- Wilds				
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on								
CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)								
11/30/2009 under the business name of							Inc	
	by (sig	nature)	- Jarus	11/1/1				
INS	STRUCTI	ONS: Use ty	pewriter or ball	point pen. Please press firm	mly and print clearly. Pleas	se fill in blanks, underlin	e 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								