3

1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: KEARNY			NE 1/4NW 1/4NW 1/4	13	24	35 WELL #	
Distance and direction from nearest town or city street address of well if located within city?							
1.5 SE. OF DEERFIELD 2 WATER WELL OWNER: DATE HINDITH							
DIABLE ONKOI							
RR#, St. Address, Box #: BOX 16 City, State, ZIP Code : DEERFIELD, KANSAS 67838 Board of Agriculture, Division of Water Resources Application Number:							
1 1	MARK WELL'S LOCATION WITH 4 DEPTH OF WELL4Qft.						
AN A	N WELL'S STATIC WATER LEVELft.						
	X WELL WAS USED AS: 2						
N	 W 	N E	1 Domestic (2 Drrigation) 3 Feedlot		Supply 10 Monitoria	ng Well	
W			4 Industrial	8 Air Conditioning	12 Other		
s	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted						
Lucionalista con escario.	Water Well Disinfected: Yes.X No						
5 TYPE OF BLANK CASING USED: 1							
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 24in. Was casing pulled? Yes NoX. If yes, how much							
6 GROUT PLUG MATERIAL: 11 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: Fromft. toft., Fromft. toft., From							
What is the nearest source of possible contamination: 14							
1 Septic tank 6 Seepage pit 2 Sewer lines 7 Pit privy 3 Watertight sewer lines 8 Sewage lagoon 4 Lateral lines 9 Feedyard 5 Cess Pool 10 Livestock pens				11 Fuel storage 16 Other (specify below) 12 Fertilizer storage 13 Insecticide storage 14 Abandoned water well 15 Oil well/Gas well			
Direction from well?WEST How many feet?2000							
FROM TO PLUGGING MATERIALS							
40	6	C A NID					
6	3	SAND CEMENT	п				
3	0	TOPSO					
	<u> </u>	10130	L LI				

	PPRATORY Manual Aria, day an area and a san an area.						
7 CONTRAC	י מה פיקחדר	ANDOUNEDIS	PEDITIFICATION This was	r well was plugged :	nder my juriodictic	and was completed	
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
by (signature)							
LINGTOLIGTY	NO		. 1 . 1 1			C**** * * * * * * * * * * * * * * * * *	

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.