one for your records.

1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number
County: JEARRY	NW1/4WW1/4 NE1/4	28	24	364
Distance and direction from nearest town or city street address of well if located within city?				
2 WATER WELL OWNER: DO NALD NEFF				
RR#, St. Address, Box #: Poute Board of Agriculture, Division of Water Resources City, State, ZIP Code : LAKIN KS. 67860 Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.				
WELL'S STATIC WATER LEVELft.				
*	WELL WAS USED AS:			
N WN E	Pomestic	5 Public Water Supp	oly 9 Dewatering	9
	2 Irrigation 3 Feedlot	6 Oil Field Water 9	Supply 10 Monitoring Only 11 Injection	g Well Well
W	E 4 Industrial		12 Other	
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. X.				
S W————————————————————————————————————				
Water Well Disinfected: Yes No				
S		1		o to play to the total and the same of the
5 TYPE OF BLANK CASING USED:				
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameterin. Was casing pulled? Yes No				
6 GROUT PLUG MATERIAL 1 yeat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)				
2 Sewer lines	7 Pit privy	12 Fertilizer storag	je	,,
4 Lateral lines 9 Feedyard 14 Abandoned water well				
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well? FAST How many foot? 150				
now many feet:				
FROM TO PLU	JGGING MATERIALS	1	NA SMALL (
47' 42' CHLORINATED SAND BLOCK SHED. CASING WAS TO				
42' 3' SUBSOIL GROUND LEVEL FLOOR WAS 4". THICK NEW CEMENT WAS LAID				
3' +8" CENE		THICK. N	ENCEMENT I	WAS LAID
0 00.40.	<u> </u>	over enti	RE FLOOR AF	TER plug
		WAS PLACE	ED. NEW FI	,00R is A
	- myoogene i	TOTALOF	8" Hick.	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year)				
Water Well Contractor's License No				
by (signature) wf. ov. o.l. d O.l Oly				
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 dopies 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				