				1
	Fraction	Section Number	Township Number	Range Number
County: KENO	5W1/4NW1/4NW1/4	21	24	$ 5 \omega $
Distance and direction from nea	rest town or city street	address of well if	located within city?	
/m: NoRAL + 3/4 m. W. DF YODER KS				
2 WATER WELL OWNER: JONAS BONTRAGER 01				
RR#, St. Address, Box #: 1707 E. Longuitu Rd Board of Agriculture, Division of Water Resources				
city, state, 21P code: Hutching on AS 67501 Application Number:				
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL				
N WELL'S STATIC WATER LEVEL				
	WELL WAS USED AS:			
★ N W N E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	g
	2 Irrigation	6 Oil Field Water	Supply 10 Monitorin	g Well
w	E 4 Industrial	8 Air Conditioning	Only 11 Injection 12 Other TRR. TEST	
S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo				
		ted: YesNo		
S	water wett bisiniec	tea: res No	••••	
5 TYPE OF BLANK CASING USED:				
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile				
Blank casing diameter				
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other				
Grout Plug Intervals: From 3ft. to .77ft., Fromft. toft., From toft.				
What is the nearest source of possible contamination:				
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	16 Other (sp ge	ecify below)
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide store	age	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well				
Direction from well? West How many feet? 500 H				
	UGGING MATERIALS			
	<u> </u>			
	2011			
3 77 BENTO	wite - Hole Ph	19		
		\coprod		
	19. 3 11. ₁₀ .			,
7 CONTRACTOR/O OR / ANDOLINES	CEDITE LOAT TOU-This		adas au tuais diation	and use semilared
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)				
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,				

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.