1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Н	NW1/4NW1/4NE1/4		24	6W	
From So Hutch 350 on 17 HW 2 W So Side					
2 LATER LELL OLINER. AUCO COCO					
RR#, St. Address, Box #: 515 5 Flower St City, State, ZIP Code : LA CA 9007/ Board of Agriculture, Division of Water Resources Application Number:					
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL. 1.5ft.					
WELL WAS USED AS:					
N W N E					
W	4 Industriat	8 ATT CONDITIONING	12 Other		
Was a chemical/bacteriological sample submitted to Department? YesNo X. If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes No. X.					
5 TYPE OF BLANK CASING USED:					
1 Steet 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 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 Holt.					
Grout Plug Intervals: From.3ft. to.3.0ft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines	6 Seepage pit 7 Pit privy	12 Fertilizer storag	ge	pecify below)	
3 Watertight sewer lines 4 Lateral lines	8 Sewage lagoon 9 Feedyard	13 Insecticide store	a ge		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well					
Direction from well? How many feet?					
	JGGING MATERIALS				
Poll	out 2" Clear	2			
hole:	fill 4 Hole	_			
Plug 3	31 301	_			
		\dashv			
	Port L				
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)					

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.