

Distance and direction from nearest town or city street address of well if located within city?

230' off the NE corner of Kansas Avenue + Elm Street

Board of Agriculture, Division of Water Resources
Application Number:

Was a chemical / bacteriological sample submitted to Department? Yes No ☒
 If yes, mo/day/yr sample was submitted

Water Well Disinfected: Yes No ☒

Blank casing diameter 2 in. Was casing pulled? Yes No ✓ If yes, how much
Casing height above or below land surface in.

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 storage | |
| 3 Watertight sewer lines | 8 Sewage lagoon | 13 Insecticide storage | |
| 4 Lateral lines | 9 Feedyard | 14 Abandoned water well | |
| 5 Cess Pool | 10 Livestock pens | 15 Oil well/Gas well | |

Direction from well? southwest..... How many feet? 10.....

OBW?

CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) 11/15/00 and this record is true to the best of my knowledge and belief. Kansas

Water Well Contractor's License No. 527 This Water Well Record was completed on (mo/day/year) 11/1/11

12/1/00 under the business name of Lisa Cora Services, Inc.
by (signature) Lisa Cora

INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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: 785/296-3565. Send one to Water Well Owner and retain one for your records.