1 LOCATION OF	F WATER WELL:	Fraction	Section Number	Township Number	Range Number
County:	dias	MENG ENGLANG	33	25	2000
Distance and	direction from nea	rest town or city stree	t address of well if	located within city?	•
SEOF	- Offerh	1 KS	<u> </u>		
2 WATER WELL	1001	bay Hallu	J		
RR#, St. Addre		Thede KI	Board of Agric Application No.	culture, Division of umber:	Water Resources
3 MARK WELL'S	S LOCATION WITH	4 DEPTH OF WELL	38	ft.	
AN "X" IN :	SECTION BOX:	WELL'S STATIC WAT	ER LEVEL	ft.	
		WELL WAS USED AS:			
N W-	N E	1 Domestic	5 Public Water Supp	ply 9 Dewaterin	ng
		↓ Irrigation		Supply 10 Monitorin	ng Well
w		E 4 Industrial	8 Air Conditioning		
	S E	lles a shemical (heat	anialarian armula a	ubmitted to Departmer	X
	" X		ample was submitted.		it? Tes
		Water Well Disinfec	ted: Yes 🔨 No		
	S			· · · · · · · · · · · · · · · · · · ·	
⊬	ANK CASING USED:				
			glass 9 Other (ete Tile	(specify below)	
Blank casir	ng diameter	in. Was casing	purlied? Yes	lo If yes, how	much
 	ght above or below	land surface	in.		
6 GROUT PLUG	MATERIAL: 1 Neat			4 Other	
Grout Plug	Intervals: Fro	m Soft. toft	., Fromft. to	ft., From	toft.
What is the	e nearest source o	f possible contamination	n:		
		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storage		
3 Waterti	ight sewer lines	8 Sewage lagoon	13 Insecticide stora	Insecticide storage	
5 Cess Po	lines	. 9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well		
Direction f	from well?	7~	How many feet?	<i>[</i>]	
FROM T	TO PL	UGGING MATERIALS			
28/	7 Bea	tonite			
		101111			
		7			
			\dashv		
7 CONTRACTOR	S OR LANDOWNER'S	CERTIFICATION:This water		odon my juniodiation	and use semminated
on (mo/day/	year)	and this recor	d is true to the bes	st of my knowledge an	d belief. Kansas
	-10-02	nse No		People was completed	on (mo/day/year)
by (signatu	ire) Of Or	m ceolicide	<u> </u>	***************************************	••••••
LINSTRUCTION:	S: Use typewriter or	ball point pen. Please pres	s firmly and print clear	lv. Please fill in blanks	underline or circle

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.