_											
1	LOCAT	ION OF WATE	ER WELL:	Fraction	Section	Number	Township	Number	Range	Number	
Co	ounty:	Kearny		1/4 1/4 SW	1/4 36		25		36		
Dis	M. E.	direction from	n nearest town	or city street address of wallel Rd., 2 M.	rell if located within E., 1300 Ft	city? From . North &	south si 3,940 Ft	ide of I	akin, l	M. S.,	
2	WATER	WELL OWNER	R: <b>Tok</b>	oi Farms							
RR #, St. Address, Box #: 1320 N. County Road 11 Board of Agriculture, Division of Water Resources City, State, ZIP Code : Leoti, KS 67861 Board of Agriculture, Division of Water Resources Application Number: 19,156											
3	MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF WELL	4 DEPTH OF WELL						
	N			WELL'S STATIC WATER LEVEL 190 ft.							
				WELL WAS USED	DAS:						
	N W			1 Domestic	1 Domestic 5 Public Water Supply 9 Dewatering						
				2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well							
w				3 Feedlot 7 Domestic (Lawn & Garden) 11 Injection Well 4 Industrial 8 Air Conditioning 12 Other							
				Was a chemical / h							
S W S E Was a chemical / bacteriological sample submitted to Department?Ye								HHIII: 165	IN	J <b>A</b>	
				Water Well Disinfect	ted: YesX	No					
		S			130.000						
5	TYPE OF BLANK CASING USED:										
1)Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)											
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile											
Blank casing diameter16 in. Was casing pulled? Yes NoX If yes, how much Casing height above or below land surface									nuch	••••••	
6											
ل	Grout Plug Intervals: From3										
What is the nearest source of possible contamination:											
1 Septic tank			, com co co po	6 Seepage pit		uel storage		16 Other (specify below)			
2 Sewer lines 3 Watertight sewer lines			er lines	<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>		12 Fertilizer storage					
4 Lateral lines			rei illies	9 Feedyard	14 AI	pandoned water	er well	N/	/ A		
5 Cess Pool				10 Livestock pens	s 15 O	il well/Gas wel	I	H,			
	Direct	tion from we	II?	How	/ many feet?						
FROM		то	Pl	LUGGING MATERIALS							
0		3	Top soil								
	3	190	Cement G	rout							
190		265	Chlorina	ted Gravel							
7	CONT	RACTOR'S	OR LANDOW	NER'S CERTIFICATION	N: This water we	ell was plugge	ed under mv	jurisdictio	n and was	completed	
on $(mo/day/year)$ 1-12-09 and this record is true to the best of my knowledge and belief. Kansas											
	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, Bureau of Water, Topeka, Kansas 66620-0001. Telephone: 785/296-3565. Send one to Water Well Owner and retain one for your records.