		_					
1 LOCATI	ON OF WATER		Fraction		Section Number	Township Number	Range Number
County:	KEH	RNY	MM 1/4 MM 1/4	440014	٦ 2	26	37ω
Distance and direction from nearest town or city street address of well if located within city? 8 Mi 50 - 3 Mi W OF LAKIN							
2 WATER WELL OWNER: ALVIN HOLMES							
RR#, St. Address, Box #: R. O. Box 27(Board of Agriculture, Division of Water Resources							
City, State, ZIP Code:LAKiN, KS G7860 Application Number:							
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL							
X							
	<u> </u> w	N E	₽ Dom		5 Public Water Sup	ply 9 Dewaterin	ng
			3 Fee		7 Lawn and Garden (Supply 10 Monitorin Only 11 Injection	
W			E 4 Ind	ustrial	8 Air Conditioning	12 Other	
s	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo. X. If yes, mo/day/yr sample was submitted						
	S		Water Well	Disinfect	ted: YesX No		
5 TYPE OF BLANK CASING USED:							
Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile							
Blank casing diameterin. Was casing pulled? Yes No If yes, how much							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: Fromft. toft., Fromft. toft., Fromft.							
What is the nearest source of possible contamination:							
1 Septic tank 2 Sewer lines			6 Seepage pit 7 Pit privy 8 Sewage lagoon		11 Fuel storage12 Fertilizer storage	16 Other (sp ge	ecify below)
4 Lat	teral lines		9 Feedyard		14 Abandoned water w	vell	
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well							
Direction from well?							
FROM	то	PL	UGGING MATERIAL	.s			
3 5′	34'	Chlor	inated S	AND			
	34' 6' Subsoil						
6							
3 ′	0'	1 OPS	il	· · · · · ·			
							,
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
by (signature)							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,							

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.