1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
COUNTY: KEARNY	SE1/4 SW/4 NW4	30	26	370	
Distance and direction from nearest town or city street address of well if located within city?  13 M1 SO + 3 Miles WLST OF LAKIN					
2 WATER WELL OWNER: WAL	TER WAECHTE	R.	OF CARIN	\	
□ RR#, St. Address, Box #: <b>ズ</b> 7	R3 BOXP3	Board of Agri	culture, Division of	Water Resources	
City, State, ZIP Code : W	455EZ, KS. 6788	Application N	umber:		
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
N	WELL'S STATIC WAT	ER LEVEL3	ft.		
	WELL WAS USED AS:	:			
N W N E	Opomestic 2 Irrigation	5 Public Water Sup 6 Oil Field Water	ply 9 Dewaterin Supply 10 Monitorin		
W	3 Feedlot E 4 Industrial	7 Lawn and Garden 8 Air Conditioning	Only 11 Injection		
				.,	
S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo					
Water Well Disinfected: Yes No					
S		<b></b>			
5 TYPE OF BLANK CASING USED:	:				
Osteel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile					
Blank casing diameter					
Casing height above or bel	low land surface	pin.			
GROUT PLUG MATERIAL: 1 No					
Grout Plug Intervals:	From. <b>8</b> ft. to.3ft	., Fromft. to	oft., From	toft.	
What is the nearest source	e of possible contamination	n:			
deptic 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 wel			
Direction from well?	<u></u>	How many feet?	1.0.0		
FROM TO	PLUGGING MATERIALS	- CEMENT	- GROUTI'NG	: WAS	
	RINATED SAND	USED AT	LOUND Casia	og As	
	-8 SOIL	The source A LANGE			
6' 3' Ber	TONITE	Space between culting			
3' & TOP.	SOIL	- dirw	£11	Q	
			•		
Z CONTRACTORIC OR LAUROUSSES	C CERTIFICATION This		adam mis timatadisets	and me	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year)					
by (signature)	under the business nam	e of	kecord was completed	on (mo/day/year)	
INSTRUCTIONS: Hop (upper item		on proce firmly and		a fill in blanka	

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.