1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: Kiowa			NW 4 NW 4 SE 4	16	28	18W	
Distance and	direction fror	n nearest town or	city street address of well if lo	ocated within city?			
SW corner of US 54/400 & Main St. Greensburg, Ks.							
WATER WELLOWNER: G.R.T.I. c/0 Galen Streich RR #, St. Address, Box #: 1226 Camelot Dr. Board of Agriculture, Division of Water Resources							
City, State, ZIP Code: Brookings, SD 57006 Application Number:							
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			DEPTH OF WELL 1 . 6 . 300				
N							
			WELL WAS USED AS:				
w	w×	- N E	1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water Sup 7 Domestic (Lawn & 8 Air Conditioning	pply 10 Monito Garden) 11 Injection	oring Well	
s	S W S E Was a chemical / bacteriological sample submitted to Department?Yes						
	Water Well Disinfected: Yes NoX						
5 TYPE OF BLANK CASING USED:							
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass X Other (Specify below)							
2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile Polyethylene							
Blank casing diameter1 in. Was casing pulled? Yes No							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From0 ft. to300 ft., From ft. to ft., From ft.							
What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)							
1 Septic tank 2 Sewer lines			6 Seepage pit7 Pit privy	11 Fuel storage12 Fertilizer storag			
Watertight sewer lines 4 Lateral lines			8 Sewage lagoon9 Feedyard	13 Insecticide store 14 Abandoned water			
5 Cess Pool			10 Livestock pens	15 Oil well/Gas well			
Direction from well? West							
FROM	то	L06 PX	acino acina de hona				
0	2	Backfill					
2	5	Topsoil	NAME AND ADDRESS OF THE PARTY O				
5	38	Clay, si	lty-red				
38	44	Sand, fi					
44	120	Sand, fine to coarse w/gravel					
120	132	Sandrock	, sand, fine w	/clay			
132	300	Shale, q	gray w/hard stre	æks			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
	INSTRUCTIONS: Use typewriter or hall point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct						

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.