1	LOCAT	ION OF WA	TER WELL:		Fraction	Section Num	nber	Township	Number	Range	Number	
Cou	ınty:	rall			1/4 1/4 1/4	21		29	12	14	Ε(V)	
Dist	ance and	direction fro			city street address of well if loca						_	
		2mi	East -	- /	In N - 1/2	East of	Savy,	ar flg				
2	WATER	R WELL OW	NER:	226	& SE OOB Ave	Sanyer Ks	67	1134				
		. Address, I te, ZIP Cod	Box #: le : 6/J	6	ernu Baphit C	Board of Ag Application	riculture, Number:	, Division of V	Vater Resourc	es		
3		MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:			4 DEPTH OF WELL WELL'S STATIC WATE	<i>f.</i>	π.					
	- XN			1	WELL'S STATIC WATE	H LEVEL	π.					
	NW NE				Domestic	5 Public Water	r Sunnly		9 Dewateri	na		
	NW	4.	NE]	2 Irrigation	6 Oil Field Wat	ter Suppl		10 Monitorin	ng Well		
w				E	3 Feedlot 4 Industrial	7 Domestic (La 8 Air Condition		arden)	11 Injection 12 Other			
,			7							1	•	
	sw				Was a chemical / bacteriolo If yes, mo/day/yr sample wa				s I	No		
								•••••				
	S			ل	Water Well Disinfected: Yes No							
	T/05		0400000000									
5			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 diam	neter . 2 i	in.	Was casing pulled?	Yes	No		f yes, how mu	ch		
			-				4.0)thor				
6		T PLUG MA Plug Interva			leat cement 2 Cement gro				From		 D 1	
		•			e contamination:	, 110111			asing A			
			st source or pos	SIDIE	6 Seepage pit	11 Fuel etorac	11 Fuel storage			16 Other (specify below)		
1 Septic tank 2 Sewer lines					7 Pit privy	12 Fertilizer s	12 Fertilizer storage					
Watertight sewer lines 4 Lateral lines			ewer lines		8 Sewage lagoon		13 Insecticide storage 14 Abandoned water well					
5 Cess pool			_		9 Feedyard 10 Livestock pens		15 Oil well/Gas well					
	Directi	ion from we	11? E45 \$	-	How many	feet?						
	FROM.	10-		PL	UGGING MATERIALS			2.1.1				
	tan	206	<u> </u>	A	Pentan Fa							
	P	307			<i>1 1 - 1 1 - 1</i>							
-												
					W. W. W.							
<u> </u>												
7 CONTRACTOR'S OF LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was											mpleted on	
(mo/day/year) and this record is true to the best of my kr Water Well Contractor's License No This Water Well Record was									of my knowle	dge and be	lief. Kansas	
	*********		unde	r the	e business name of	•••••	**a					
	by (sig	ınature)	K	1	no Brokela	620	0-5	94-22	73			
IN an	STRUCTI	ONS: Use	typewriter or	ball (ans	l point pen. <u>Please press fir</u> sas Department of Health a	mly and print clear	rly. Plea:	se fill in blai	nks, underlin	e or circle	the correct	
ı ~··					parametri vi i iodilii d		-ar-cau c	Tracoi, We	Ciogy Could	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·	

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.