		WATER WELL FEOGRAFIA RESO	nd ruill wwo-sr ksk	02a-1212 ID NO	
	ION OF WATER WELL:	Fraction NW SW	Section Number	Township Number	Range Number
County:	Meade	Show How Aller	36	305	27 W
Distance and direction from nearest town or city street address of well if located within city?					
Mile West of Fowler					
2 WATER	WELLOWNER: Lercy Address, Box #: 3083	Huelskamp = 99 Rd			
		ler KS 67844	Application Number:	Division of Water Resource)\$
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL 200 to 100 miles and 100 miles					
WELL'S STATIC WATER LEVEL 3.0 ft.					
		WELL WAS USED AS:			
	W	1 Domestic 2 Irrigation	5 Public Water Supp 6 Oil Field Water Sup		tering oring Well
w		3 Feedlot E 4 Industrial	7 Domestic (Lawn & 8 Air Conditioning	Garden) 11 Injecti	on Well
S W S E Was a chemical / bacteriological sample submitted to Department? Yes					No
Water Well Disinfected: Yes No					
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 diameterin. Was casing pulled? Yes No					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft., to					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage12 Fertilizer storage	6 Other	pecify below)
3 Watertight sewer lines		8 Sewage lagoon	13 Insecticide store	age	L.L.A. Spirit. II. L. Marian (1)
4 Lateral lines 5 Cess Pool		9 Feedyard 10 Livestock pens	14 Abandoned wate 15 Oil well/Gas wel		
Direction from well? South 29st How many feet?					
		PLUGGING MATERIALS			
200	30 Ch/0	ringted Sund			
30	10 Clay	1/5ybsoil		DEC	=1\/ED
10	5 Crin.	ent		NEGE	EIVED
5 - Cut. ox		of Casing &		OCT 2 8 2004	
	Bai	ck XII		BUREAU ()F MATER
		•		DONEAU (N WIEK
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas water well Contractor's License No.					
Water Well Contractor's License No. This Water Well Record 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, 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.