1	LOCATION OF WATER WELL:				Fraction	Section Number	Township	Number	Range N	umber
	county: Haskell				SW4 SW4 NE4	13	T3	°0 S	R 34	′ E(Ŵ
Dis			,		ity street address of well if loo	ated within city?				
106 W. Hwy 56										
2	WATER	R WELL OWN	ER: M	Do.	Nalds 66					
	RR #, St City, Sta	t. Address, Bo te, ZIP Code	x#: 106 : Sata	W	Hwy 56 a, KS 67870	Board of Agriculture Application Number		ater Resourc	ces	
3	MARK	WELL'S LOC	ATION WITH		4 DEPTH OF WELL	320 ft.				
	AN "X"	IN SECTION N	BOX:	_	WELL'S STATIC WATE	R LEVEL Dry ft.				
					WELL WAS USED AS:					
	NN	/	NE	-	1 Domestic	5 Public Water Supply		9 Dewateri		
	1	×			2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Supp</li><li>7 Domestic (Lawn &amp; G</li></ul>		Monitorir 11 Injection	ng Well Well	
w		^		E	4 Industrial	8 Air Conditioning	iai aony			
Man a sharping (Abantaria) and a submitted to Department 2 Van								No X		
	SW SE Was a chemical / bacteriological sample submitted to Department? Yes									
	Water Well Disinfected: Yes No									
S water well distributed. Yes										
5	TYPE	OF BLANK CA	ASING USED	:						
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (Specify below)										
②PVC 4 ABS / 6 Asbestos-Cement 8 Concrete Tile										
		casing diamet g height above			Was casing pulled?		If	yes, how mu	ch3	
6	GROU	T PLUG MATE			eat cement 2 Cement gro	out 3 Bentonite 4 C	Other			
<u> </u>	Grout F	Plug Intervals:	Fron	n	3 ft. to 320 ft	., Fromft. to	o ft.	, From	to	f
	What is	the nearest s	source of pos	sible	contamination:					
1 Septic tank					6 Seepage pit	11 Fuel storage		16 Other (specify below)		
2 Sewer lines 3 Watertight sewer lines					<ul><li>7 Pit privy</li><li>8 Sewage lagoon</li></ul>	<ul><li>12 Fertilizer storage</li><li>13 Insecticide storage</li></ul>			•••••	
	4 Lateral lines				9 Feedyard	14 Abandoned water v	well			
5 Cess pool					10 Livestock pens	15 Oil well/Gas well				
Direction from well? How many feet?										
FROM TO PLL					JGGING MATERIALS					
0 3 Native		Soils								
3		320	Ben	to	vite Grout					
-			700		0,000					
_										
7	CONT	BACTOR'S	OF LANDO	WNF	R'S CERTIFICATION: Thi	s water well was plugged	under mv it	risdiction a	nd was comple	eted on
(mo/day/year)										
by (signature)										
					point pen. Please press fil					
answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water, Geology Section, 1000 SW Jackson St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.										
ા ગ	., 010. 421	, iopera, N	นกอสอ 000 โ	_ 10	or. relephone. / 05/230-3	JEE. OCHU UNG IU WAICH W	on Owner at	ia rotain on	o ioi youi lecoi	uo.