one for your records.

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number	
County:	Harper	-	SW1/45E1/45W1/4	32	31	7 W
Distance and direction from nearest town or city street address of well if located within city?						
2 WATER WELL OWNER: Classes Burkholde						
Im; North 33/4 mi West of Harper 2 WATER WELL OWNER: Clarence Burkholde RR#, St. Address, Box #: P.O. Box 5000 City, State, ZIP Code: Hesston, Ks 67062-2095 Application Number: 95-18						
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL						
N W N E			Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well			
W			3 Feedlot 4 Industrial	7 Lawn and Garden (8 Air Conditioning	Only 11 Injection 12 Other	
	S W-S E-Was a chemical/bacteriological sample submitted to Department? Yes					
If yes, mo/day/yr sample was submitted						
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 diameter36in. Was casing pulled? (Yes) No If yes, how much 5ft						
Casing height above or below land surface						
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
What is the nearest source of possible contamination:						
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)						
	er lines ertight se	ewer lines		12 Fertilizer storag 13 Insecticide storag	-	•••••
4 Lateral lines 9 Feedyard (14)Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? ΣE How many feet? $200'$						
			JGGING MATERIALS			
15ft	7ft		atel sand t costy			
7ft	5ft		subsoil			
5ft	4.561	Bent				
4,5Ft	0	Topsoil	- Becker 11			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and 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 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						