	ON OF WATER		Fraction	$I \vdash$	Section Number	Township Number	Range Number	
County:	LOMA	NChE	56,15E1,1W4	1/4	29	33	18W	
Distance and direction from nearest town or city street address of well if located within city?								
From Coldwater to 825 1/2E								
2 WATER WELL OWNER: LEROY DEEWALL								
RR#, St. Address, Box #: City, State, ZIP Code: Loldwater Resources Approication Number:								
	ELL'S LOCAT	TION WITH	4 DEPTH OF WELL.	• • • • •	.4.7	ft.		
An A	N N		WELL'S STATIC	WATER	LEVEL	ft.		
			WELL WAS USED	AS:				
N	\w	N E	1 Domestic 2 Irrigatio	n !	5 Public Water Supp 6 Oil Field Water S	oly 9 Dewaterin Supply 10 Monitorin		
	×	E	3 Feedlot		7 Lawn and Garden (8 Air Conditioning	Only 11 Injection	Well	
W			4 maustria		S ATT CONDICTORING	12 Other		
s	Was a chemical/bacteriological sample submitted to Department? YesNo.							
	Water Well Disinfected: Yes. No							
S								
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 diameter								
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other								
Grout Plug Intervals: From3.ft. to 1.1.2.ft., Fromft. toft., From toft.								
What is the nearest source of possible contamination:								
1 Se	ptic tank		6 Seepage pit	1	1 Fuel storage		ecify below)	
2 Sewer lines 7 Pit pr 3 Watertight sewer lines 8 Sewage			7 Pit privy 8 Sewage lagoon	1:	2 Fertilizer storaç 3 Insecticide stora		a =	
4 La	teral lines ss Pool	3	9 Feedyard 10 Livestock pens	14	4 Abandoned water w 5 Oil well/Gas well		16	
Direction from well? How many feet?								
FROM								
0	3	1.0	<Ñ		-			
3	41	Chin	581 0 5440		1			
		Corn	UNING C		-			
****					-			
7 CONTRA	CTOR'S OR I	ANDOWNER'S C	ERTLFICATION: This	ater	」 Well was bludged um	nder 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)								
Water Well Contractor's License No								
		-	hall point pen	lease	press firmly and	orint clearly Diese	e fill in blanke	
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,								

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.