ORD ATT

	11C LAN LANA				
1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Meade	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z\$	33	ZAW	
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Mende State Park					
RR#, St. Address, Box #: City, State, ZIP Code: Meade, KS 67864 Board of Agriculture, Division of Water Resources Application Number:					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
N WELL'S STATIC WATER LEVELft.					
WELL WAS USED AS:					
N'E	N'W N'E Domestic 5 Public Water Supply 9 Dewatering 2 Irrigation 6 Oil Field Water Supply 10 Monitoring Well 3 Feedlot 7 Lawn and Garden Only 11 Injection Well				
W E 4 Industrial 8 Air Conditioning 12 Other					
Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted					
Water Well Disinfected: Yes. V No					
5 TYPE OF BLANK CASING USED:					
1 Steel 3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC AABS 6 Asbestos-Cement 8 Concrete Tile					
2 PVC ABS 6 Asbestos-Cement 8 Concrete Tile Blank casing diameterin. Was casing pulled? Yes No					
Casing height above or below land surfacein.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout Bentonite 4 Other					
Grout Plug Intervals: From					
What is the nearest source of possible contamination:					
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) Sewer lines 7 Pit privy 12 Fertilizer storage					
3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage 4 Lateral lines 9 Feedyard 14 Abandoned water well					
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?					
FROM TO PLUGGING MATERIALS					
	1 1				
140 61 chlori	acted soils				
10 4 bento	L				
4 0 cut at a	casin a Mushroom				
seal and concred with					
dist					
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					
by (signature) Reciber f., Bectof					

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.