1 LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
County: Meale	SE1/4SE1/4S'E1/4	12	33	29W	
Distance and direction from nearest town or city street address of well if located within city?					
2 WATER WELL OWNER: Fae Schrag					
RR#, St. Address, Box #: 17509 S 17 HywBoard of Agriculture, Division of Water Resources					
Grey, State, 21 code . Prefly Prarie. RS Grey Humber.					
MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL 205ft.					
WELL WAS USED AS:					
N W N E	N'W N'E 1 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	• • • • • • • • • • • • • • • • • • • •	
S W S E Was a chemical/bacteriological sample submitted to Department? YesNo					
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 diameterin. Was casing pulled? Yes No If yes, how much					
Casing height above or below land surfacein.					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
Grout Plug Intervals: Fromft. toft., Fromft. toft., From toft.					
What is the nearest source of possible contamination:					
1 Septic tank	6 Seepage pit	11 Fuel storage	16 Other (spe	ecify below)	
2 Sewer lines 7 Pit privy 12 Fertilizer storage No.N.E 3 Watertight sewer lines 8 Sewage lagoon 13 Insecticide storage				W. E	
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	14 Abandoned water w 15 Oil well/Gas well			
Direction from well? How many feet?					
FROM TO P	LUGGING MATERIALS				
210 900 011	. 110	7			
310 200 Chlor	inated Sanc	<u>1</u>			
200 20 Comp	ounded Soil				
20 6 Gro	UT		. , ,	`	
6 3 Cen	nent				
3 0 Cut	off				
casi	ing and		DP .		
back fill					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed					
on (mo/day/year)					
by (signature) Specific and the business name of the state of the stat					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks,					

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.