| y | | | | | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | | · | performation or a construction of the contract | |
|--|--|--|---|--|--|--|---|---|--|--|--|
| 1 | LOCATI | ION OF WAT | ER WELL: | TAVETO AND ADDRESS OF THE PARTY | Fraction | Section Number | Township | Number | Range | Number | |
| Col | County: Stevens | | | AAAAAAAAAAAA | NW, NW 1/4 SE 1/4 | 16 | 333 | 33S | | 37W E | |
| Dis | tance and o | | | | ty street address of well if loc | ated within city? | additional Community (1) recitional and an execution of debidition of the community of the | | | | |
| | | 700 N | lain, Hugo | ton | , Kansas | | | *************************************** | | | |
| 2 | WATER | WELL OWN | NER: Taylor | ·Fo | ood Mart #627 | | | | | | |
| | | . Address, Bo | P.O. Bo | x 1049 Board of Agriculture, Division of Water Resources , Ks 66610 Application Number: | | | | | | | |
| 3 | MARK | NELL'S LOC | | | | 95 ft. | | | erateur eus authoriteteur (undoarder er euskaateur euskaateur euskaateur euskaateur euskaateur euskaateur eusk | | |
| | MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N | | | | - 3 | R LEVELdry ft. | | | | | |
| | | | sh Affilia in the same | | WELL WAS USED AS: | | | | | | |
| | NW | | NE | | 1 Domestic | 5 Public Water Su | | 9 Dewater | | | |
| | | | 3 | | 2 Irrigation 3 Feedlot | 6 Oil Field Water S 7 Domestic (Lawn | | 10 Monitorin | | | |
| W | Newson and the second s | İΥ | 6. Anii Adii 4 | E | 4 Industrial | 8 Air Conditioning | · | 12 Other | ************** | *********** | |
| and the state of t | SW | SW SE | | | Was a chemical / bacteriolo | gical sample submitted to | o Department? | es | NoX | | |
| | s dada da mana distributa | S | | Manager of the State of the Sta | Water Well Disinfected: Ye | | | | | | |
| | | ***************************** | | | | | | | *************************************** | www | |
| 5 | TYPEC | F BLANK C | ASING USED: | | | | | | | | |
| | 2 Steel | 4 AB | S 6 | Asbe | ught 7 Fibergla estos-Cement 8 Concre | | ify below) | ************* | ******** | >*<>>: | |
| | Blank o Casing | asing diame height abov | terin e or below land | sur | Was casing pulled? | | No X | If yes, how mu | ch | | |
| GROUT PLUG MATERIAL: 1 Neat cement (2) Cement grout Dentonite Other | | | | | | | | | ,,,,,,,, | | |
| | | · · | source of possi | | _ | , FIOH .y | () | it., Fioni | 10 | 1 | |
| | | otic tank | addice of possi | UIC 1 | 6 Seepage pit | 11 Fuel storage | | AR Other (one | nifu halaud | | |
| | | Sewer lines | | | 7 Pit privy | 12 Fertilizer storage | | (16 Other (specify below) | | | |
| 3 Watertight sewer lin | | | er lines | | 8 Sewage lagoon | 13 Insecticide storage | | | | | |
| 4 Lateral lines 5 Cess pool | | | | 9 Feedyard 10 Livestock pens | 14 Abandoned water well15 Oil well/Gas well | | | | | | |
| | Direction | on from well? | · | | How many | feet? | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | | |
| | FROM | ТО | | PLU | IGGING MATERIALS | errenden munden den den de | | | | | |
| 95 3 Bentonite | | | | | | | | | | | |
| 95 | | 3 | _ | | | and the decrease of the contract of the contra | | | | | |
| 3 | | 0 | Cond | re | ete | | | | | | |
| | | | | | | | | | | | |
| | | | | | A NA A A A A A A A A A A A A A A A A A | | | | | | |
| ***** | *************************************** | | | APANANANANAN S | | The state of the s | | | | | |
| | | | | | | | | | | | |
| | 000000000000000000000000000000000000000 | ************************************** | | | | Marine reconstruction and resident | | | | | |
| | | | *************************************** | May and a second | | | | | | | |
| 7 | CONTR | RACTOR'S | OF LANDOW | NEI | R'S CERTIFICATION: This | water well was plug | ged under my | jurisdiction a | nd was com | pleted on | |
| | | | | | | | | | | | |
| | ,1 | 1/11/06 | under | the | business name of ASSO | ciated Environmental | , Inc. | JOIN WAS COM | | uay/yeat) | |
| | by (sign | nature) | B. Johnso | n | *************************************** | *************************************** | Du | ctes [[g | how | ********** | |
| IN | STRUCTION | ONS: Use t | vpewriter or b | all ı | point pen. Please press fir | mly and print clearly. F | Please fill in bla | inks, underlin | e or circle the | e correct | |
| an | | | | | as Department of Health a | | | | | | |

St., Ste. 420, Topeka, Kansas 66612-1367. Telephone: 785/296-5522. Send one to Water Well Owner and retain one for your records.