1 LOCA	TION OF WATER	WELL:	Fraction	Section Number	Township Number	Range Number
County:	HARPER	2	SE 1/4 NW1/45W1/4	23	33	7
_	s /		est town or city stree			
FLOW V-2, NOWA ON WEST ST. 3 BLOCKS, WEST / BLOCK 2 WATER WELL OWNER: ROBERT L. GATES						
RR#, St. Address, Box #: RT. 2 Box 180  Board of Agriculture, Division of Water Resources City, State, ZIP Code: ANTHONY, KS 61003-957 Application Number:						
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.						
WELL'S STATIC WATER LEVEL						
			WELL WAS USED AS:			
	-N W	N'E	1)Domestic 2 Irrigation			-
u	x	E	3 Feedlot	7 Lawn and Garden (	Only 11 Injection	Well
W			4 muusti lat	8 ATT CONDITIONING	12 Other	
	S W S E Was a chemical/bacteriological sample submitted to Department? YesNoX  If yes, mo/day/yr sample was submitted					
L			Water Well Disinfect	ted: Yes		
	S					
5 TYPE OF BLANK CASING USED:						
3 RMP (SR) 5 Wrought 7 Fiberglass 9 Other (specify below) 2 PVC 4 ABS 6 Asbestos-Cement 8 Concrete Tile						
Blank casing diameter						
Casing height above or below land surface4.5in.						
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other						
Grout Plug Intervals: From 7.5.ft. toft., Fromft. toft., From toft.						
What is the nearest source of possible contamination:						
1 Septic tank 2 Sewer lines			•	11 Fuel storage 12 Fertilizer storage	16 Other (spe	ecify below)
Watertight sewer lines 4 Lateral lines				13 Insecticide store 14 Abandoned water w	ige C'ETILAN	O RUNDEF
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well						
Direction from well? Met. How many feet? Appear 150						
FROM	то	PLU	GGING MATERIALS			
12'	71'	SANO				
X	**************************************	CLAS	BACKFILL			
21'	4.5	<b>*</b>				
4.5	4.0	BENTON	ING SEAL			
4.0	0	TOPSOIL	BACKFILL			
	-		· • · • · · · · · · · · · · · · · · · ·			
7 00117	DACTOR (S. CD. )	NDOI HIED ( A C	EDITICATION THE		den en toutester	
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed on (mo/day/year) and this record is true to the best of my knowledge and belief. Kansas						
Water Well Contractor's Vicense No						
by (signature)						
THEFT	TIONS: HEA ?V	mouriter or	nell noint non Diese	a prace firmly and n	wint clearly Blace	ملحملط مثالثة م

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.