1 LOCATION OF WATER WELL:	Fraction	Section Number	Township	Number	Range	Number
County: Seward	3E45W4564	6	35	5	33	W
Distance and direction from nearest town o		ocated within city?				
2 WATER WELLOWNER: TRC E	NUIRON MENTAL COR	sse 107				
RR #, St. Address, Box #;	U	Board of Agriculture,	Division of Wa	ter Resource	s	
City, State, ZIP Code : HousTon	TX 77043	Application Number:				
3 MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	4 DEPTH OF WELL	123,0 t				
N	WELL'S STATIC WATER	RLEVEL ft.				
	WELL WAS USED AS:					
N W N E	1 Domestic	5 Public Water Supp	ly	9 Dewate	ering _	B-1
	2 Irrigation 3 Feedlot	<ul><li>6 Oil Field Water Sup</li><li>7 Domestic (Lawn &amp;</li></ul>		Monito	ring well	ibole
W     E	4 Industrial	8 Air Conditioning	darden)	•		
	Was a chemical / bacter	iological sample submitted	d to Departm	nent?Yes	No	
S W — S E		le was submitted				
	Water Well Disinfected:	Yes No				
S						
5 TYPE OF BLANK CASING USED:						
	/rought 7 Fiberg sbestos-Cement 8 Concre	, , ,	below)			
Blank casing diameter 2in.	Was casing pulled?		∠ If	yes, how m	uch	••••••
Casing height above or below land	surface	in.				
6 GROUT PLUG MATERIAL: 1 N	eat cement 2 Cement gro	3 Bentonite 4 O	Other			
Grout Plug Intervals: From	ft. to ft.	, From ft. to	ft.,	From	to	f
What is the nearest source of poss	sible contamination:					
1 Septic tank 2 Sewer lines	<ul><li>6 Seepage pit</li><li>7 Pit privy</li></ul>	<ul><li>11 Fuel storage</li><li>12 Fertilizer storage</li></ul>		``'	ecify below)	
3 Watertight sewer lines	8 Sewage lagoon	13 Insecticide stora			•••••	•••••
4 Lateral lines 5 Cess Pool	9 Feedyard 10 Livestock pens	<ul><li>14 Abandoned wate</li><li>15 Oil well/Gas well</li></ul>				
	·					
Direction from well?	How many	/ feet?				
FROM TO PLUGGING MATERIALS						
123 0 Omers	SPORT			1		
7 CONTRACTOR'S OR LANDOWN	ER'S CERTIFICATION: Th	is water well was plugge	d under my	jurisdiction	and was o	ompleted
U on (mo/day/year)	729	and this record is true	to the best of Water Well Re-	f my knowled cord was com	dge and belie	of. Kansas o/dav/vear\
7 CONTRACTOR'S OR LANDOWN on (mo/day/year)	e business name of Gauss	MATAL MONITOR	7			
by (signature)			<u> </u>			
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct						

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: 785/296-3565. Send one to Water Well Owner and retain one for your records.