KSA 82a-1212

1 LOCATIO	ON OF WATER	R WELL:	Fraction	Section Number	Township	Number	Range Number	
- - - - -	Brown	f	₩ 1/4 ₩ 1/4 ₩ 1/4	2		4	15	
ce and direction from nearest town or city street address of well-if located within city?								
2 WATER WELL OWNER: CAShman Bros, Partnership								
RR#, St. Address, Box #: PO BOX 240 Board of Agriculture, Division of Water Resources Application Numbers								
City, State, ZIP Code : Higwortha, 14. 66434 Application Number:								
3 MARK WE	ELL'S LOCA IN SECTION	TION WITH	4 DEPTH OF WELL	87,0 ER LEVEL 5810				
			WELL WAS USED AS:					
×	\ \	N E	1 Domestic	5 Public Water Sup	ply 9	Dewatering	9	
W				6 Oil Field Water 7 Lawn and Garden	Supply 10 Only 11	Monitoring Injection Other	Well	
			- Industrial	o XIII oella eveliilig				
s	S'W S'E Was a chemical/bacteriological sample submitted to Department? YesNo							
Water Well Disinfected: Yes.X No								
5 TYPE OF BLANK CASING USED:								
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 X If yes, how muchin.								
JUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3Bentonite 4 Other								
Grout Plug Intervals: Fromft. toft., Fromft. to 319.ft., From toft.								
What is the nearest source of possible contamination:								
2 Sev 3 Wat		ewer lines		t privy 12 Fertilizer storage			ecify below)	
4 Lateral lines 9 Feedyard 14 Abandoned water well 5 Cess Pool 10 Livestock pens 15 Oil well/Gas well								
Direction from well? NOFT. How many feet?								
FROM	то	PL	UGGING MATERIALS					
\$7,0	19 ,0	Sand	+Chlorine					
29,0	6,0	Sub s	110					
610	3,0	Bento						
3.6	0.0	Tops	seil					
7 00077	7700/0 00	ANDOUNES	050715104710471					
CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year). Q = \(\text{Q} = \text{Q} \)								
(signature) Cashman Bras., By Man Ca. Cashma.								

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.