1	LOCATION OF WATER WELL:	Fraction	Section Number	Township Number	Range Number	
Co	unty: ClouD	Mean SE's	33	5	30	
Distance and direction from nearest town or city street address of well_if located within city?						
IN City limits - 811 Washington						
2	2 WATER WELLOWNER: Cloub County Courthouse RR #, St. Address, Box #: 811 Washington Board of Agriculture, Division of Water Resources					
	City, State, ZIP Code: Concording KS Application Number:					
3	3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELL					
	WELL'S STATIC WATER LEVEL ft.					
	WELL WAS USED AS:					
	N W	1 Domestic	5 Public Water Supp	•	•	
w	E	2 Irrigation 3 Feedlot	6 Oil Field Water Su 7 Domestie (Lawn &	Garden) 11 Injecti	oring Well on Well	
		4 Industrial	8 Air Conditioning		No. —	
	Was a chemical / bacteriological sample submitted to Department?Yes					
	Water Well Disinfected: Yes No					
5						
	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 diameter5 in. Was casing pulled? Yes No						
6	GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
H	Grout Plug Intervals: From3ft. toft., Fromft., From					
	What is the nearest source of possible contamination: 1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below)					
2 Sewer lines		6 Seepage pit 7 Pit privy	11 Fuel storage 12 Fertilizer storag	е		
3 Watertight sewer lines 4 Lateral lines		8 Sewage lagoon 9 Feedyard	13 Insecticide stora 14 Abandoned water	er well		
5 Cess Pool 10 Livestock pens 15 Oil well/Gas well Direction from well?						
Ľ		GGING MATERIALS				
_	0 3 100 (1 1 1 2 1				
-	<u>C1</u>	wite hole plug				
\vdash	80 145 SAND					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed						
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 License No. This Water Well Record was completed on (mo/day/year) under the business name of						
by (signature) Make Gelling						
\vdash						

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.