_		<u> </u>			T
1	LOCATION OF WATER WELL:	Fraction NW SW SWNW	Section Number	Township Number	Range Number
County: OSDOTAL WEYSE 1/4 KHE 1/4 20 27 6 60 1 MAN					
2	RR #, St. Address, Box #: City, State, ZIP Code : DOWNS MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX:	Sonk of Well if local Country of the	Board of Agriculture, Application Number:	Division of Water Resource	
w	N W N E X E S E S S S	WELL WAS USED AS: 1 Domestic 2 Irrigation 3 Feedlot 4 Industrial Was a chemical / bacteric If yes, mo/day/yr sample Water Well Disinfected: Y	was submitted	pply (10 Monitor Garden) 11 Injecti 12 Other d to Department?Yes	oring Well ion Well
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					
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 other 12 Cement grout Plug Intervals: From					D1
	Grout Plug Intervals: From What is the nearest source of poss 1 Septic tank 2 Sewer lines 3 Watertight sewer lines 4 Lateral lines 5 Cess Pool	ible contamination: 6 Seepage pit 7 Pit privy 8 Sewage lagoon 9 Feedyard 10 Livestock pens	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned wate 15 Oil well/Gas wel	e	necify below)
FROM TO PLUGGING MATERIALS DULLD OUT WILL TO 20'					
	FROM TO PLU O 3 Nutives 3 27 Buntanu	GGING MATERIALS	_ Dulled	out will	JU 7020
7	CONTRACTOR'S OR LANDOWN on (mo/day/year)	FR'S CERTIFICATION: This	re Service This	ed under my jurisdictic to the best of my knowl Water Well Record was co	mpleted on (mo/day/year)
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.					