
	N OF WATER		Fraction		Section Number	Township Number	Range Number
County: /	25 by	0	N CHANUL145	26/4	7	1 7	12
Distance and direction from nearest town or city street address of well if located within city?							
2 WATER WELL OWNER: Robert Bloomer							
RR#, St. Address, Box #: Po Box 386 City, State, ZIP Code: Osborne, KS 61433 Board of Agriculture, Division of Water Resources Application Number:							
MARK WELL'S LOCATION WITH AN "X" IN SECTION BOX: N WELL'S STATIC WATER LEVEL. 2ft.							
	N I		WELL'S STAT	TIC WATER	LEVEL	ft.	
			WELL WAS US				
N	W	—N E	①Domes 2 Irriga 3 Feedlo	ation 6	Oil Field Water Sup Lawn and Garden (Supply 10 Monitori	ng Well
w		<u>, </u>	E 4 Indus		Air Conditioning		
s	S W S E Was a chemical/bacteriological sample submitted to Department? Yes If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
S S TYPE OF BLANK CASING USED.							
TYPE OF BLANK CASING USED: 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 diameter. 6.0in. Was casing pulled? Yes No.6 If yes, how muchin.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: From. 5ft. toft., Fromft. toft., From toft.							
What is the nearest source of possible contamination:							
1 Septic tank 6 Seepage pit 11 Fuel storage 16 Other (specify below) 2 Sewer lines 7 Pit privy 12 Fertilizer storage							
		wer lines	8 Sewage lagoo		Insecticide stor		
	teral lines ss Pool		9 Feedyard 10 Livestock pe		Abandoned water Oil well/Gas wel		
Direction from well? How many feet?							
FROM	то	PI	UGGING MATERIALS				
10	9	S	ine				
8	5	Cla	u				
5	4.5	Ben	Hen. fr				
4.5	٥	Cla	4				
			7				
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 License No							
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print 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.							