1 LOCATION OF WATE	R WELL:	NE 40 of SE	Section Number	Township Number	Range Number
County: ()586	RNE	1/4 1/4 /2/4	23	7	13 W
Distance and direction from nearest town or city street address of well if located within city?  FROIN INT AMAINOSBORNE IMIS 2 W, B. N. W SIDE OF ROAD  2 WATER WELL OWNER: FARL EMMERS ON.					
2 WATER WELL OWNER	EAK	LE COME TO	8 % E		
RR#, St. Address, Box #: 949 5 730 TH ADE Board of Agriculture, Division of Water Resources City, State, ZIP Code: 05B ORN E 15 67473 Application Number:					
3 MARK WELL'S LOCA AN "X" IN SECTIO N		WELL'S STATIC WATE		Tokus	
N X	N E	WELL WAS USED AS:  1 Domestic 2 Irrigation 3 Feedlot 4 Industrial	5 Public Water Supp 6 Oil Field Water 5 7 Lawn and Garden 0 8 Air Conditioning	12 Other.,	SURFACE ng Well
		Was a chemical/bacte If yes, mo/day/yr sa	_	) WELL Effective Department of the State of	
5 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 diameterin. Was casing pulled? Yes.X No If yes, how much, BELOW Casing height above or below land surface. below purples.in.4					
GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other					
What is the nearest source of possible contamination:					
1 Septic tank 2 Sewer lines 3 Watertight s 4 Lateral line 5 Cess Pool	ewer lines s	7 Pit privy	11 Fuel storage 12 Fertilizer storag 13 Insecticide stora 14 Abandoned water w 15 Oil well/Gas well	ge age well	pecify below)
Direction from well? . \$ 1/1/ How many feet? 6.2					
FROM TO		GING MATERIALS	T Na Li	-AKAGE A	TTANK
			SENEN	THAN	15CHARGE
			MORE	THAN	7007
				<b>( (</b>	
				*.	
				,	į
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION:This water well was plugged under my jurisdiction and was completed					
on (mo/day/year) 4 1 1 2					
INSTRUCTIONS: Use typewriter or ball point pen. Please press firmly and print clearly. Please fill in blanks, underline or circle the correct answers. Send ton three copies to Kansas Department of Health and Environment.					

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: 913/296-3565. Send one to Water Well Owner and retain one for your records.