-				· · · · · · · · · · · · · · · · · · ·			
1 LOCATION OF WATER WELL:			Fraction	Section Number	Township Number	Range Number	
County: (OS BOF	RNE	1/4NW1/4NW/4	27-	7	14	
Distance and direction from nearest town or city street address of well if located within city?							
1 mi South - 10 miles West Of OSBORNE, KS 2 WATER WELL OWNER: Jhyn LAROSD							
- hothe							
RR#, St. Address, Box #: 2097 W. DO DK Board of Agriculture, Division of Water Resources City, State, ZIP Code : OSBORDE, KS 61473 Application Number:							
3 MARK WELL'S LOCATION WITH 4 DEPTH OF WELLft.							
AN "X" IN SECTION BOX: WELL'S STATIC WATER LEVEL. 2.2							
•			WELL WAS USED AS:				
	 	N E	1 Domestic	5 Public Water Sup	ply 9 Dewaterin	g	
			2 Irrigation	6 Oil Field Water	Supply 10 Monitorin Only 11 Injection	g Well	
w		E	4 Industrial	8 Air Conditioning	12 Other		
	S W S E Was a chemical/bacteriological sample submitted to Department? YesNo If yes, mo/day/yr sample was submitted						
	Water Well Disinfected: Yes No						
S							
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 diameter							
Casing height above or below land surfacein.							
6 GROUT PLUG MATERIAL: 1 Neat cement 2 Cement grout 3 Bentonite 4 Other							
Grout Plug Intervals: Fromft. 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							
4 Lateral lines 9 <u>Feedyard</u> 14 Abandoned water well							
5 Cess Pool Direction from well? Direction from well? Direction from well? Direction from well?							
FROM	то		GGING MATERIALS				
43	// 🚜		nated Sand				
	6	Subs					
6	3	Bento	<u>onite</u>				
3	0	Top.	Soil				
		-					
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was plugged under my jurisdiction and was completed on (mo/day/year)							
Water Well Contractor's License No This Water Well Record was completed on (mo/day/year)							
by (signature)							
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.							